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British Medical Association

ANNUAL REPRESENTATIVE MEETING, CAMBRIDGE, 1948

The Annual Representative Meeting opened on Friday, June 25, in the Large Examination Hall, Bene't Street, Cambridge, and continued until the following Tuesday, June 29. The chair was taken by Dr. J. B. Miller, of Bishopbriggs, Lanarkshire, who was supported by the retiring President, Sir Hugh Lett, the incoming President, Sir Lionel Whitby, the Chairman of Council, Dr. H. Guy Dain, the Treasurer, Dr. J. W. Bone, and the Deputy Chairman of the Representative Body, Dr. E. A. Gregg.

The basis of discussion during the greater part of the meeting was the Annual and Supplementary Reports of Council, published in the *Supplement* of April 10 and May 29 respectively.

FRIDAY, JUNE 25

The representatives assembled at 10 a.m.

Procedure at Representative Meetings

General agreement was signified for a proposal that the seats in the Representative Meeting should be allocated according to ballot among the Branches.

Dr. J. E. Purves (Bromley) brought forward an amendment to Standing Orders whereby the minutes of the Representative Meeting would be provisionally confirmed at the meeting itself but would require confirmation at the next meeting of the Representative Body. He referred to the last Special Representative Meeting when the minutes were not confirmed at the end of the meeting owing to the absence of a quorum.

Dr. Gregg pointed out that this proposal would mean that the minutes of a meeting might have to await confirmation for 12 months.

The proposal was supported by Dr. Cove Smith (Marylebone) who said that the Special Representative Meeting "might have been a dramatic meeting, but developed into a tragedy and resulted in a farce."

The Bromley amendment was carried by 115 to 57.

Dr. J. A. Gorsky (Westminster) pointed out that the provisional signing of the minutes would allow the Council to act on any matter referred to it, and if eventually the confirmation of the minutes were not obtained it would be necessary to have another Standing Order indemnifying the Council against having acted *ultra vires*.

The Chairman : The motion has been passed. The blood is upon your own head.

On another Bromley motion it was agreed to add two members, not members of Council, to the Agenda Committee ; but a further Bromley motion requiring that copies of motions and amendments be in the hands of the Agenda Committee not less than 48 hours before its meeting was not carried.

"Block Voting"

The Metropolitan Counties Branch had a motion strongly deprecating the use of "block voting" at Annual Representative Meetings in connexion with elections to the Council and standing committees. In moving, Dr. F. Gray said that the system of block voting had been in existence for some years. It had been adopted by certain Midland and Northern constituencies and had now reached considerable dimensions so that the areas concerned exercised an influence in the elections out of all proportion to their size. This had gone so far that the Representative Body ought to take notice of it and express its opinion. He had no wish to make any use of personalities, but he suggested that when the proportions had arrived at their present figure it was time for a halt to be called. This system of block voting was not a question of voting on merits, it was designed to see that the voting was according to geographical residence. If it were on merits it could safely be left to the Representative Body to decide between the candidates, but the candidates were selected by a group and put forward by that group. He thought that the Representative Body should not abdicate its functions in this respect. The procedure did not redound to the prestige of the Association.

Dr. F. A. Roper (Cornwall) spoke to the same effect. The freely elected representatives had the responsibility of assessing the merits of candidates. The procedure of block voting was a retrograde one and interfered with open voting by the Representative Body as a whole. He did not want to be too controversial or he might be tempted to describe it as a conspiracy. The practice was anti-democratic and anti-Representative Body.

Dr. J. C. Arthur (Gateshead) spoke of the position in which a new representative found himself, not knowing anything about his fellow representatives, when he was approached by some members for the support of certain names. He claimed that this method of block voting had advantages and that it was based on the merits of candidates and not necessarily on geography. It was simply a method of making sure that representatives knew for whom they were voting.

Dr. I. D. Grant (Glasgow) also supported the principle of block voting, pointing out that in Scotland, prior to their liaison with the North of England and a part of the Midlands, they never or almost never had a Scot elected to any of the Standing Committees of the Association. It was almost impossible for the Representative Body to assess the merits of candidates. Such merits were much better known in the candidates' own localities. The men who had been put forward as a result of this block system had all been good Council or Committee men.

Dr. J. B. W. Rowe (Council) said there was a danger of new representatives, not familiar with the proceedings, being "roped in" under this block system before they really knew anything about the personalities of the people for whom they were expected to vote.

Dr. Gray, replying on the discussion, mentioned that last year, for eight seats on the Council, the Northern block put up five candidates, and the five were elected. For eight places on the General Practice Committee it put up seven candidates, and the seven were elected. For all the important committees the block put forward more than half the candidates and for several of them they secured all the places allocated to the Representative Body vote.

The motion of the Metropolitan Counties Branch was carried by 124 to 90.

CIVIC WELCOME

At this point the proceedings were interrupted by the arrival of the Mayor of Cambridge, who came to give a civic welcome to the Association.

The Mayor (Councillor G. F. Hickson) said Cambridge was an ancient university but an even more ancient borough. It had charters going back to the early thirteenth century and a history which went much farther back than that. It was not very easy for those who came to Cambridge as strangers to realize this, because so large a part of the older building that they saw belonged to the University. A great deal of the older part of the town had been swept away. He had learned with some surprise of the optimism with which those who had arranged that large conference had contemplated the housing position in Cambridge. In Cambridge housing was a major problem owing to the expansion of the University and the invasion of Civil Servants. It was really due to the hospitality of the University and the colleges that it had been possible for that large conference to be held in Cambridge. His worship went on to refer to the benefits conferred on Cambridge and the University by certain distinguished members of the profession in generations gone by, and he mentioned in particular Caius and Addenbrooke, and the Perse school.

Sir Lionel Whitby (President-Elect) thanked the mayor not only for his welcome but for all the help he had given in arranging the Cambridge meeting.

The Chairman said quite a number of the representatives had spent their earlier and formative years in Cambridge. They appreciated that the town was older than the University, dating back to the early Britons.

The Mayor had kindly consented to give a lecture to the representatives on the following evening on the history of Cambridge.

THE WORK OF THE ASSOCIATION

In submitting the various matters in the Annual Report of Council under "Preliminary" the Chairman of Council said the Association had been occupied greatly with the new Health Service during the last twelve months, but its activities in other directions had not been neglected. He referred to the Nutrition Committee, the Medical Curriculum Committee, which had produced a most valuable report on medical education, and the Empire Medical Advisory Bureau.

Dr. R. G. Gordon (Bath), as Vice-Chairman of the Curriculum Committee, paid a tribute which he was sure the Representative Meeting would endorse to Prof. Henry Cohen for his most able Chairmanship of that Committee. (Applause.) The Committee had sat for nearly two years and had produced a very comprehensive report. He also wished to say how greatly they had been helped by the representative of the British Medical Students Association, Miss Jocelyn Ransome, and her deputy. One of the principles underlying the report was to ensure that the cultural background of the National Health Service was adequate. It was also considered that the principles of medicine and surgery without too much detail should be taught to the student, leaving details to the intern year, which was the most revolutionary suggestion contained in the Report.

Dr. J. A. Pridham referred to the work of the World Medical Association. He had the great privilege at the end of April and the beginning of May of attending the Council of the World Medical Association in the United States. It was a very harmonious meeting, and a good many preliminary affairs of the Association were settled. The W.M.A. now had an office in New York and had appointed a paid secretary. The General Assembly would meet at Geneva in September. He believed that the World Medical Association would play quite an important part in the medical affairs of the world. He wanted the B.M.A. to help its progress. Their own Association was the sponsor of this body, and he hoped it would nurse it to a vigorous maturity. One of the first things the World Association would have to discuss was a code of ethics, and other subjects were social security, medical postgraduate training, refugee doctors, universal medical qualifications, exchange of visits, and admission of the German medical profession.

Annual Meeting, 1949

The Chairman of Council moved that the invitation of the Harrogate Division to hold the Annual Meeting in Harrogate in 1949 be accepted. He said they were very grateful to the Harrogate Division for the invitation and also to the Corporation for associating themselves with it. The difficulties of choosing a town of sufficient size and with sufficient hotel accommodation were increasing with the Association's growth. The meeting next year would again have to be held in June.

The invitation was accepted.

President, 1949–50

The Chairman of Council further moved that Dr. C. W. Curtis Bain, *M.C.*, D.M.Oxon., F.R.C.P., physician, Harrogate General Hospital, and physician in charge, Cardiological Department, Royal Bath Hospital, Harrogate, be elected President of the Association, 1949–50

This was unanimously agreed to.

New Vice-Presidents

On the motion of the Chairman of Council Dr. Peter Macdonald, of York, and Prof. R. M. F. Picken, of Cardiff, were unanimously elected Vice-Presidents of the Association as an appreciation of the exceptional services they had rendered.

Dr. Dain said these were two of their old friends who had given most valuable service. Dr. Peter Macdonald had been President of his Branch, Chairman of the Hospitals Committee, a member of the Central Medical War Committee, and many other headquarters committees, and he had been Chairman of the Representative Body. Prof. Picken, now Provost of the Welsh School of Medicine, had been Chairman of the Cardiff Division, a member of the Council for 15 years, and acted as Chairman of Council while the then Chairman, Mr. Souttar, was away in India. He had also been Chairman of the Public Health Committee.

NATIONAL HEALTH SERVICE

The Chairman of Council, in presenting the Annual and Supplementary Reports under "National Health Service," said that since the Special Representative Meeting the Negotiating Committee had been undertaking its duties and had set up subcommittees dealing with general practice, consultants and specialists, compensation, pensions, and various problems which arose in the administrative field. Considerable progress had been made so that many of these matters might be ready to be dealt with when the Service started.

Dr. A. C. E. Breach (Bromley) moved the following:

That in view of the paramount necessity of maintaining the greatest possible measure of unity in the profession, and in view of the doubts and criticisms which were being expressed by a very large number of practitioners in all branches of medicine, the Council be asked to co-operate with the Representative Meeting in setting up a special committee to obtain full information about the conduct of the profession's case during 1948.

This amendment was not intended to imply criticism or censure of the Council. Recently a letter appeared in the *British Medical Journal* which resulted in a considerable correspondence, and from that correspondence it became evident that the sense of disappointment, criticism, and frustration was very widespread in the profession. He had felt it worth while to bring forward this amendment that a special committee should be set up to investigate what had happened in order that they might profit in the future from such mistakes as had been made and not make them again. What they wanted was a critical analysis of the past so as to be a warning for the future.

Dr. J. B. W. Rowe (Council) seconded the amendment. He was not speaking as a Divisional Representative, but there were a large number of members in his Division (Harrow) who were extremely dissatisfied with the conduct of affairs in recent months. Some of them might think that the whole issue was dead and that it was no good flogging a dead horse, but they had got to keep the Association together and try to retain the confidence of the people who were disgruntled as well as those who were satisfied with what had happened in the recent

past. The report of such a committee as this might have incalculable value in years to come. He reminded the meeting that it was still the policy of the Labour Party that there should be a whole-time salaried medical service, and many thought that the present Service was merely a step in that direction.

The Chairman of Council said he wanted straight away to attack the mover and seconder of this resolution for doing a thing which the mover at any rate earlier in that meeting had entirely disapproved of—namely, of springing on the meeting without notice an amendment which was not on the agenda. The mover and seconder of this amendment had not had either time or courage to put this to their Divisions; it was brought forward as a personal amendment, and he thought the Representative Body should resent this treatment. The amendment suggested a certain course of action which was all based on suspicion. The mover and seconder protested too much when they said that this was not put forward in criticism of the Council. It could mean only one thing—that the Council was under suspicion and that he as its Chairman had not disclosed to the Representative Body the things that had taken place. "I repudiate that absolutely. You have been informed from time to time of everything that I have known about; I have not kept anything back. There is nothing such a committee could discover which has not been divulged. We have a complete record of all that has taken place. This is a call for a post-mortem examination of the affairs of the last few months. It cannot serve any useful purpose or lead to any profitable result. The proposer and seconder had said that the committee would find out what had really happened. What had really happened is what you have been told. Moreover, to say that the profession is dissatisfied with the conduct of affairs means merely that you are dissatisfied with your own action. It was the members of this Body which took responsibility for what has taken place. It strikes me as a complete misunderstanding of the position to introduce such a suggestion at this juncture. We are undertaking to co-operate in the Service, and having decided to co-operate we can only do the best we possibly can for the Service and for the public. The stated object of this amendment is to keep the B.M.A. together, but its real object is to see what possible division there is amongst us, to discover how many people disagree with the decision at which this body has already arrived. It is for us to keep the Association firmly on its feet now that it has decided to co-operate in the Service, and this will not be attained by setting up a committee now for the conduct of a post-mortem examination of the events of the last few months. We have to look forward and see that we are so strong within the Service that we can hold our own and ensure that the Service is conducted on proper lines. This amendment can only have a harmful effect on medical opinion and on the standing of this body." (Loud applause.)

Dr. E. A. Gregg said they could not too strongly condemn the action of those people who were seeking to conduct some kind of heresy hunt with the idea in their minds that somebody should be hanged for what had happened. This was a call for a post-mortem examination and a vote of censure. It would do no good to the Association nor to the profession, but would on the contrary produce widespread bad feeling and resentment.

Mr. Dickson Wright (Marylebone) spoke in support of the amendment. He was at a loss to know why the Chairman of Council should be so emphatically against it. If there was nothing to conceal, why not welcome a committee of inquiry? Many were mystified about the course of events. He himself even as a member of Council was puzzled, and he held that nothing but good could come out of such an investigation.

Dr. C. F. Mayne (Plymouth), speaking as an ordinary representative, felt strongly that the Representative Body should reject this amendment straight away. They had given the Council their support, and in his opinion the action of the Council had been wise and very much to the benefit of the profession as a whole.

Dr. G. O. Barber (Mid-Essex) also protested against the amendment and said that his Divisional Meeting had proposed a vote of confidence in the Council.

Dr. N. J. P. Hewlings (Oxford) said certain doubts had been cast, and he thought it all to the good if such doubts could be cleared up. There was dissatisfaction in certain sections of the profession, and it was only right that those dissatisfied sections should have it proved to them that there was no ground for their dissatisfaction. To reject this amendment would be a great mistake.

Dr. S. Wand (Birmingham) said in a profession like theirs it was inevitable that there should be divisions of opinion, ranging from the simplest matter of diagnosis to the largest questions of public policy. The unity of the profession surely meant that all who took part in the recent vote should stand by the majority decision which resulted from that vote. This amendment was an attempt to split the Representative Body and the Council. He for one was perfectly satisfied that the Council made a proper decision after most careful consideration. He could not understand how this amendment could come at the end of a successful fight, a fight so successful that other bodies had accorded their congratulations to the Association, and the dentists were now proposing to fight for what the doctors themselves had already obtained.

Dr. Breach, in reply, reminded the Representative Body that this was the last occasion on which they could criticize the Council under this head. If they missed this opportunity the subject was closed for all time, and any lessons that might have been learned from the recent episode would have been lost for good. He would not have had the slightest hesitation in putting this motion to his Division had there been an opportunity. He did not understand the hostility and resentment of leading members of Council towards it. Personally, he did not believe that the proposed committee would uncover anything serious that had been done amiss or had been left undone. Mistakes were made, but he did not believe that any of the more serious things which had been suggested would be disclosed. The point of the inquiry was to find out that the job was properly done and to put it on record in print for all time, so that their successors could get rid of this "awful 1911 mentality." It had been said that this was a victory, but many of the profession thought otherwise.

The amendment moved by Dr. Breach was lost by a large majority, and the Report of the Council under "National Health Service" was approved.

The Spens Report

Dr. P. J. Gibbons (Liverpool) moved that the time had now come to negotiate the terms of service for all medical hospital staffs not covered by the Spens Report, the negotiations to be based on the scale of salaries approved by the Council in June, 1946.

The Chairman said it would perhaps be a suitable opportunity to explain the position of the Council with regard to the remuneration of the profession as a whole. They had had plenty of time to look at the Spens General Practitioner Report, and they now had available the Spens Specialist Report. It was the intention of the Council to see that every type of medical remuneration was in alignment with these Reports. They would have to look at remuneration of the Public Health Service, the Colonial Medical Service, and the armed Services. The Council through its various committees would do what this resolution proposed.

The resolution was carried.

Dr. N. A. A. Hughes (Bradford) moved: "That this meeting views with grave concern the non-implementation of the general practitioner Spens report." They in Bradford felt that such implementation had not been made, and they asked the Council to endeavour to enforce this in all further negotiations with the Ministry, taking into consideration the rise in the cost of living as compared with 1939 and also the devaluation of money.

Dr. R. G. Anderson (Gloucestershire) moved as an addition to the motion:

"and calls upon the Council and the Negotiating Committee to address themselves with energy and determination towards impressing upon the Minister and his advisers that adequate remuneration of the general practitioner is a vital factor in maintaining and improving the quality of medical practice."

Dr. O. C. Carter (Bournemouth) said the Report of the Spens Committee should be the charter for general practitioners so far as remuneration was concerned. There were certain principles underlying that Report, one of which was that doctors should be paid in such a way that it would be no longer necessary for the general practitioner to have to work 12 or 14 hours a day

to make sufficient money to keep his family and educate his children. It was quite obvious that if a doctor was going to have 4,000 public patients on his list he would have little leisure. On the Spens Committee they were rather thinking in terms of 2,000 as the optimum number. He thought that the Representative Body should not accept 4,000 as a permanent maximum. The report also said that the general practitioners of outstanding ability should be paid a special remuneration. He hoped that this question of outstanding ability would not be judged on the basis of length of lists. There were doctors who refused to take the full maximum list because they feared that this would interfere with their standard of practice. It should be ensured that doctors of outstanding ability in general practice were adequately rewarded even if they had not got a list of 4,000. Attention should also be given to doctors practising in areas in which there were an unusual number of aged and chronic sick who needed special attention.

Dr. W. W. Woolley (Bristol) said that both the profession and the Minister had agreed to the implementation of the Spens report, but apparently the Minister had decided to "hedge" on his word; and if the profession was to safeguard itself in future they should insist on the report being implemented.

Dr. S. Wand (Birmingham) said that the findings of the Spens Committee represented certain payments for the profession which were judged adequate, but so far as the spread of payment was concerned it might be wise to wait a little while and see how it worked out. There was another factor concerned, and that was the betterment clause. He thought they should take that up as soon as possible. It was his opinion that the betterment factor was absolutely inadequate, and if it was increased to a proper amount the capitation fee would be raised to something nearer what they wanted. If he were permitted he would move an amendment urging Council to take every possible step when the Whitley machinery was established to seek an adequate increase for betterment, and some such amendment might meet the case better than the motion proposed by Bradford.

Dr. R. V. Goodliffe (Croydon) said the report on remuneration should never have been linked with a capitation list of 4,000 persons. A list of 4,000 was not an optimum or even a possible figure. From the inspection of practitioners' records before the war it was found that 5 or 5.25 attendances were given on the average per insured person per annum (these figures were taken from the average doctor's records, and his records were hardly likely to be complete). They represented, moreover, attendance on the healthiest age groups of the population, whereas under the new scheme the unhealthy groups would be swept into the net. Attendances might rise to 10 per annum for each patient on the list, which, with a list of 4,000, would mean 40,000 medical services in a year, or 130 attendances a day, winter and summer alike; but winter and summer were not alike, and in winter they might be called upon to give something like 300 attendances a day, seeing one patient every two minutes for ten hours at a stretch. The figures were fantastic.

Dr. R. B. McColl (Denbigh and Flint) said that a doctor could not look after 4,000 patients adequately, but in many parts of the country it would not be possible for a doctor to have 4,000 patients. In his own Division, which covered many rural practices, many doctors would have to be content with lists of 1,200 to 1,500. Remuneration should be on a sliding scale: the first 1,000 patients should be paid for at a higher capitation rate, the second 1,000 at a lower rate, and so on. His Division strongly supported the motion now before the meeting.

The Chairman of Council wondered whether Gloucestershire would allow its amendment to go forward separately, without tacking it on to the Bradford motion, which contained an inaccuracy. The proposals of the Ministry did implement the Spens general practitioner report so far as 1939 values were concerned. They had an understanding with the Ministry in recent discussions that directly the Service was started and the Whitley machinery established they would be in a position to raise the question of the 20% betterment factor. They were satisfied after a careful examination of the figures that the Minister's offer did implement the Spens report except that it might not entirely cover the full range. The range could be established only if they were prepared to accept a salary; then the range could be definitely laid down and made certain. On the capitation basis it was not possible to tell beforehand to what extent the spread of the fee might go. He thought that exaggerated figures had been given by Dr. Goodliffe. As they worked out the attendances with a list of 4,000 it came not to 300 a day but to more like 300 a week. Nobody had suggested that 4,000 was an optimum for a practitioner's list. The average list of insured doctors was only about 1,000, and under National Health Service he did not think there would be many contemplating the problem of 4,000 patients. As for rural practitioners, they were satisfied that the Government proposals would protect them probably fairly reasonably. They must take into account the Government's contribution to superannuation, also the special inducements fund, which was in addition to the capitation pool and which would be available largely to make up the remuneration in rural districts. Further, the rural practitioner need not be afraid that on the present mileage system he would continue to be at a great disadvantage. The special inducements fund would meet the case of difficult areas where much travelling was entailed. Once a betterment factor at a higher rate than 20% was obtained they could reasonably feel that remuneration was on a proper basis.

Discussion continued on the Gloucestershire amendment, which was now taken separately from the Bradford motion.

Dr. O. C. Carter having said he did not believe the Spens report was fully implemented, the Chairman of Council explained that what he had meant was that it was implemented so far as the amount offered was concerned. The calculation of the spread must be based on experience. The question of areas with an unusually large number of chronic sick and aged patients must also be a matter of consideration when the distribution from the central fund came to be discussed in detail.

Dr. Saklatvala (West Bromwich) asked whether the Spens report was implemented on the basis of lists of 4,000 or of 2,000. The Chairman of Council replied that it had no relation to any particular number. The Gloucestershire resolution was carried, and the Bradford motion was not put.

Increase in Cost of Living

Dr. P. J. Gibbons (Liverpool) moved: "That general practitioners be assured of an automatic rise in capitation fees in step with any increase in the cost of living or any increase in the number of doctors in the State pool." For his own part he believed that the Whitley Council would take care of the position.

The Chairman of Council said that this motion had two points, for the first of which, of course, they would continue to strive. The second, concerning the number of doctors in the State pool, opened up a different problem and had not the same urgency and importance now that basic salary was no longer an essential part of the scheme. He suggested that this motion be referred to Council to consider in the course of its discussions with the Government on remuneration.

This course was agreed to.

Dr. J. S. Ross (East Herts) asked that the question of remuneration of general practitioners on the staff of cottage hospitals be brought to the notice of the Minister. It seemed unreasonable that the additional work of these practitioners should go unrewarded. There was a tendency to discourage the work of general practitioners in cottage hospitals. This was the more regrettable now in view of the fact that general practitioners were likely to be overworked and to send more of their cases to such hospitals. There should be proper remuneration for such work.

Dr. N. E. Waterfield (Council) said it was necessary that the position of general practitioners should receive the attention of the proper authorities in order that the work they were doing might be recognized. A good many practitioners in these hospitals were doing a fair amount of routine surgery, but they were not recognized as specialists, and it seemed difficult under the present set-up to find out how these surgeons were to be recognized.

The Chairman of Council said that the work of the general practitioner in cottage hospitals fell into two classes. So far as general practitioners treating their own patients in hospital in the ordinary way were concerned no particular question arose; as to practitioners working in hospital as specialists, they would be under contract with the Regional Board for such work and should be paid for it. The subject of the limitation

placed on the work of general practitioners had been opened up with the Government. The general practitioner working in the cottage hospital should be paid in one or other way for the work he did there.

A motion on the lines desired by East Herts was carried.

The Mileage Fund

Dr. M. G. Williams (Cardiff) moved that the mileage fund and the regulations connected therewith under the present Act be reviewed in their application to the new Act.

The Chairman of Council said that this was actually taking place.

The motion was agreed to.

Dr. Mona McNaughton (Newcastle-upon-Tyne) asked that the mileage fees for general practitioners be reconsidered so that a general practitioner in any area should be entitled to charge mileage fees for a State patient on his list even though that patient might be within two miles of another State doctor. She added that she was not suggesting that this mileage fee should be paid either out of the present mileage allocation, which was more than fully needed for rural practitioners (as it helped to compensate them for the amount of time they spent in attending patients and the scarcity of population in their areas), nor should it be taken out of the present allocation for capitation fees. It could be done only by a further sum out of public funds.

Dr. McDonald (Northumberland) said that his Division, which consisted entirely of rural practitioners, had asked that this motion be turned down. The mileage fund under National Health Insurance had been regarded by rural practitioners as helping to compensate them for the great amount of time spent in attending patients as compared with their urban brethren. "A general practitioner in any area" meant general practitioners in all areas, and this would mean that the mileage fund would be diverted from the rural practitioner.

The Chairman of Council supported Dr. McDonald's views. He reminded the meeting that the two-mile limit was imposed to protect the mileage fund on behalf of the general practitioner. Dr. McNaughton wanted the money to come out of some other fund, but he must sadly and frankly say that they were not likely to get it from any other fund.

Dr. Mona McNaughton said that they would not get any more money unless they asked for it.

The Newcastle motion was lost.

Dr. R. E. Gemmell (Dumfries and Galloway) urged that ... Minister be pressed for an adequate mileage fee for rural practitioners.

The Chairman of Council hoped that the mileage fund would be adequate. Before the war it was approximately £250,000; to-day it was approximately £600,000, and in the proposals under the new health service it would be something like £1,300,000—a very substantial increase. There would also be available for the rural practitioner a large share of the special inducement fund (£400,000). The whole of this problem was well in hand, and he hoped it would be found to be satisfactorily dealt with when payments under the new scheme came to be received.

Dr. G. O. Barber (Mid-Essex) said that this was a very satisfying assurance, but he still thought that not enough consideration was given to the time the country doctor had to spend. The mileage system should be altered so that the distant patient should be regarded as a larger unit. A country doctor could perhaps see only one-third of the number of patients seen by his town colleague. If the town practitioner had 4,000 patients each should be accounted as one unit, but, say, the 1,500 patients of the country doctor should be raised in unit value perhaps to 4,000.

Dr. G. MacFeat (Council) supported the appeal for the country doctor. At the inception of National Health Insurance country doctors had a strenuous fight to secure adequate mileage; he hoped that in the new service they would have better luck. He often thought that many of the best doctors were country doctors. In order to attract the best doctors to the country they must be given adequate remuneration, and mileage was one of the best methods of accomplishing this. One way of providing an adequate recompense was to step up the mileage steeply after perhaps the first three or four miles.

Dr. J. O. McDonagh (Perth) said they had long felt that the mileage grant was inadequate. There were two factors concerned, the time factor and the distance. His own mileage was between 25,000 and 30,000 a year, and his payment—he could not separate insurance and other patients—worked out at 1½d. a mile; with the extra grant it would probably be 4½d. They would get a better idea when they had little or no private practice what it cost them for their motoring. He added that it was only country doctors who realized how hard was the country doctor's life. "One half of the profession does not realize how hard the other three-quarters work."

Speeches in the same strain were made by Dr. T. Fletcher (Cumberland) and Dr. H. B. Muir (Fife), and the motion that the B.M.A. press the Minister of Health for an adequate mileage fee for rural practitioners was carried.

Maternity Medical Services

Dr. W. D. Steel (Worcester and Bromsgrove) brought forward a motion calling for the abolition of local obstetric committees. He thought that the introduction of these committees was based on false ideas. The members of the Royal College of Obstetricians and Gynaecologists no doubt saw a large number of cases of difficulty which had arisen in midwifery—cases with which the general practitioners could not cope—but they did not realize the amount of good work done by general practitioners in more ordinary cases.

Dr. D. L. S. Johnston (Halifax) said that Obstetric Committees were regarded with disapproval in most parts of the country, and few doctors desired to sit in judgment on their colleagues. The solution would be for the Royal Colleges or other qualifying bodies to give facilities for newly qualified doctors to do three months' training in midwifery practice. This experience could then be accepted by Executive Councils as evidence of a new entrant's ability to practise midwifery. Established doctors should be entitled to practise midwifery as formerly if they so desired, and also to qualify for the fees under the new Health Service. If the standard of obstetrics was not so high as it might be it was up to the qualifying body to see to it that when doctors qualified they had attained a sufficient standard.

Dr. N. J. Cochran (Burton-on-Trent) said that they had great difficulty in getting anyone in his area to accept the duties of membership of this committee.

The Chairman of Council said that in discussion with the Royal College of Obstetricians and Gynaecologists they laid down the principle that the doctor who was qualified and registered should be able to practise midwifery without anybody interfering in any way. If he was not so qualified it was their fault. On that there was no disagreement whatever. But in the National Health Service they found that there was no place at all for the general practitioner except when called in an emergency by the midwife as he was to-day. That position they had escaped from. They had been able by negotiation to put the general practitioner into the midwifery service. What they had been able to achieve was that every doctor might claim to go on to the obstetric list, and time would show whether he was doing enough midwifery or not. Someone had suggested that the doctor receiving the seven-guinea fee was regarded as superior to the one who received five guineas. It was not a question of quality but of extent of service. He hoped they would not attempt to stop the formation of obstetric committees and would give the method a chance. Nothing should be done to make the position of the general practitioner in the obstetric service more difficult; they had managed to get him in on very suitable terms and without any really effective supervision of his qualifications beyond the fact that it was necessary for him to do a certain amount of midwifery to remain efficient—the same as obtained in every other branch of practice.

A Representative: Why should we be discussing obstetric committees again when a resolution has been passed by this Representative Body that we will have nothing to do with them?

Dr. Gregg (who was in the chair during this part of the meeting): The answer is that resolutions on the subject have been sent up, and it is on the agenda.

Dr. W. Jope (Lanarkshire) said that representatives should appreciate the very great difficulty that had confronted the negotiators on this subject. Because of experience in Scotland he was invited to go to the Minister with the Council

representatives, and he was appalled at the atmosphere. In Scotland they had had a satisfactory doctor and midwife service for ten years, but it appeared obvious that in England it was the intention to exclude the family doctor from routine midwifery. The opposition did not come from the Ministry of Health : it came from the obstetric specialist. As one who had had experience in Scotland and had also been concerned in the English negotiations he begged representatives not to be too critical of what had been achieved. They knew it was not 100%, but it was pretty near it.

Both the motion of Worcester and Bromsgrove calling for the abolition of local obstetric committees and an amendment by Halifax along the lines of Dr. Johnston's speech were rejected.

Dr. W. D. Steel (Worcester and Bromsgrove) asked the meeting to express the opinion that a woman should have the right under the National Health Service to medical attention at her delivery if she so desired.

Dr. R. W. McConnel (Buckinghamshire) moved an amendment to the effect that primiparae should have this right, and that the matter should be reviewed in not less than two years' time.

The Chairman of Council pointed out that if every woman had the right to have a doctor, whether it was a normal case or not, they could not carry the burden ; they had not the manpower. What had been adopted was the Scottish system whereby a practitioner might be called in by the midwife or might attend if he himself thought it necessary or if the woman was very anxious that he should attend her. It was only in a proportion of cases that the attendance of the doctor was called for. In Scotland the doctor attended the confinement in only 20% of the cases for which he was responsible. With regard to the amendment that all primiparae should be attended by a doctor, he thought that in most cases the doctor would elect to go.

It was resolved to proceed to the next business.

Pharmaceutical Services

Dr. C. P. Craggs (East Herts) moved : " That every patient who exercises his right to obtain his medical advice outside the scheme should not have to forgo the benefits of the pharmaceutical service."

Dr. E. W. Goodwin (Leicester and Rutland) said it was obviously the intention of the Minister to do all in his power to discourage private practice. It was a very illogical and inconsistent position. Surely if a private patient wished to avail himself of the facilities of the pharmaceutical service there was no reason why he should not do so. His Division felt that private patients of practitioners working under the National Health Service should be allowed to obtain all drugs and appliances free of cost. He was thinking particularly of patients on insulin or on liver extract preparations, where the financial considerations were considerable.

Dr. Scott (Barnet) pointed out that according to the Minister's propaganda people were entitled to use any part of the health scheme. Pharmaceutical services were a part of the scheme.

The Chairman of Council said that this point had been brought to the attention of the Ministry. The position the Government took up was that the pharmaceutical service was not a service for the patient to take but a service at the disposal of the doctor, and was part of the general practitioner and consultant service. Therefore the patient should not be free to choose to take his drugs at the expense of the Service while not taking his general practitioner or consultant service in the same way. They appreciated the difficulty of the patient who for whatever reason wished to remain a private patient and who had to incur expense in relation to insulin or other expensive drugs, and a method was being considered whereby these might be supplied from hospitals. This method had not yet been elaborated.

Dr. T. W. Morgan (Kingston-upon-Thames) said the standard of service as between insured and private patients did not differ, but the advantage which a patient got outside the Service was the ability to arrange mutually convenient appointments instead of waiting in a queue. It was only fair, if patients were prepared to pay for this privilege outside the Service, that they should have it, but from the remarks of the Chairman of Council there was evidently a very strong effort by the Ministry to stamp out private practice. The member of the public was paying his share under the Act and should be entitled to all he could get. If he chose to pay a second consultation fee over and above his State contribution what had it got to do with the Minister ?

Dr. J. B. W. Rowe (Harrow) supported the motion. It seemed that they must ask the public to fight for themselves at this point.

Mr. Lawrence Abel (Marylebone) said that the statement by the Chairman of Council was the most sinister thing they had heard that day. The Minister of Health had promised that patients could have all or any part of the Service, but now the Minister said that they should not have this part. If the Minister was not going to implement the promise he made in Parliament the sooner the public knew about it the better.

The motion that every patient who exercised his right to obtain his medical advice outside the scheme should nevertheless not have to forgo the benefits of the pharmaceutical service was carried unanimously.

Appointments to Controlling Bodies

Dr. G. O. Barber (Mid-Essex) moved that to safeguard the profession legislation should be introduced into the Amending Act so that the practitioner's appointment to the Central Council, the Regional Board, and the Local Health Authority should be by democratic election by the medical profession and not nomination by the Minister. He thought they should put the Minister in a position that he could not even be accused of not playing fair. Moreover, a great many of those who were put on these councils must of necessity be men of administrative ability, and they wanted to make sure that they had enough men of practical experience of practice. It was a very simple thing to ask the Minister to assure democratic representation. After all, the Minister himself had gained his position as a result of such representation. He thought that if this motion were passed the Council should proceed straight away to name the representatives it desired to put up for the various bodies. He commended the motion to the meeting. It would be a good thing to protect their future " boss " from obvious criticisms which might be made against him at the outset of the Service.

Mr. Ross Smith (Bournemouth) moved to include in the motion " committees of hospital management," and this was accepted by the proposer.

The Chairman of Council said that this was an important problem. He was indebted to Dr. Barber for an interesting suggestion for getting what they wanted. Only on the Local Executive Council had they power to elect their own representatives. They had tried to get the Minister to agree that all local health authorities should be compelled to co-opt medical members. It was a difficult matter to get this agreed to by the House of Commons, who were jealous of the Minister's powers. The Minister under the present Act had been obliged to consult, but in setting up Regional Medical Boards he had consulted so many varieties of medical opinion.

Dr. Woolley (Bristol) moved as a further amendment that instead of naming the various bodies the phrase " all committees under the Act on which doctors have representation " be used, but it was pointed out that members of Regional Boards were not technically representatives.

The amendment was not pressed, and the motion that by legislation the practitioner's appointment to the Central Council, the Regional Hospital Board, committees of hospital management, and the local health authority should be by democratic election by the profession was carried.

Compulsory Vaccination

Dr. J. W. McCarthy (Hendon) asked the Representative Body to express the opinion that compulsory vaccination should be restored.

Mr. Lawrence Abel (Marylebone) proposed as an amendment :

That the Representative Body is of the opinion that compulsory vaccination should frequently be reconsidered, and the Minister of Health be informed of the grave danger of an outbreak of smallpox within a few years and the consequent need for constant vigilance.

He said that with the disappearance of immunity there was grave danger of an outbreak within, say, ten or fifteen years.

The research of Edward Jenner which saved England from smallpox was cast away by this Act.

Dr. Cove-Smith seconded the amendment.

Dr. J. A. Gorsky (Westminster and Holborn) supported the motion. Those who disagreed with compulsion brought forward no solid arguments but only a few hypothetical assumptions. He touched on the international, national, municipal, and domestic aspects of this problem. International air travel had made the danger of smallpox greater.

Dr. A. Beauchamp (Birmingham) agreed that the dangers of non-vaccination should be made apparent, but compulsory vaccination had not proved entirely satisfactory. If other methods could be tried, at the same time warning the people of the dangers, it would be more effective. Dr. R. O. Eades (East Suffolk) pointed out that for many years compulsory vaccination was evaded by the conscience clause. Dr. Elsie Warren (Kingston-upon-Thames) supported the amendment.

Dr. J. M. Gibson (Public Health Service) said that he was as great a believer in the value of vaccination as any of the previous speakers, but he could not agree that they should ask for compulsory powers; in the past those compulsory powers had been a farce. By voluntary measures they could increase the present low figure of vaccinated children. They would do better by voluntary persuasion than by compulsion, and that was the opinion of many medical officers of health.

The Chairman of Council supported Dr. Gibson's remarks. They were confronted with a new service, and they had to consider a state of affairs in which every practitioner would be a public vaccinator. Under compulsory vaccination many areas had been less than 30% vaccinated. On the other hand, in the voluntary field, where it was a matter of teaching, 70% or 80% had been protected against diphtheria.

The amendment moved by Mr. Lawrence Abel, calling for frequent reconsideration of the question and informing the Minister of Health of the grave danger of an outbreak of smallpox within a few years and the need for constant vigilance, was carried.

The Position of Radiologists in the New Service

Dr. A. Campbell (Edinburgh) moved that radiologists should have the right to join the National Health Service in their own sphere and to receive just consideration in view of their expensive equipment. Radiologists constituted a small group in the profession and private radiologists a still smaller group. If the national scheme was 100% successful the private radiologist would be 100% ruined. He would lose his part-time appointments one by one. The Minister consoled the radiologist by saying, "Join the Service," but he did not say anything about the radiologist's very expensive equipment. At some private radiologist's premises 80 patients a day were being treated.

The Chairman of Council said that a number of statements which had been made were entirely incorrect. There would be in the Service plenty of room for the practising radiologist to work if he wished, and the Minister was prepared to take over at a proper valuation the plant of any radiologist who was willing to come in. He thought that representatives who took up time of the meeting with motions of this kind should take the trouble to find out what was actually the position before they appealed for sympathy regarding a position which really did not arise.

The motion was withdrawn.

Official Working Hours

Mr. H. R. Bickerton (Liverpool) brought forward a motion that the official working hours of doctors should be limited to a 40-hour week, work outside the recognized working period to be paid for at an increased rate; also that salaries of receptionists and clerical assistants should be provided by the State in order that doctors might devote themselves to clinical work, and, further, that as hospital accommodation under the National Health Service was increased the proportion of private beds should be increased *pari passu*. Liverpool, he said, had passed this unanimously. It meant that private practice should be given a fair chance of survival and British medicine continue to enjoy its stimulating influence.

Dr. F. Gray (Wandsworth) asked the meeting to look at this motion from the point of view of general practitioners. How could this be put into effect under the present system? By clocking in and clocking out? What this motion would mean was that it would give a clear indication to the Minister to set up a whole-time salaried service. Doctors still had some measure of freedom, and the working hours, long though they might be, were part of the price they had to pay.

The motion was lost.

A motion by Buckinghamshire that service doctors should be supplied with suitable stationery and filing cabinets for records was carried. A further motion by Buckinghamshire that, in view of the difficulties of transport experienced by doctors, priorities for cars should be given to those who applied to and satisfied their Executive Councils as to their need, was referred to Council. The Chairman drew attention to the letter written on behalf of motor traders and distributors which appeared in last week's *Supplement* (p. 186). He was willing to accept the reference to Council in order that the matter might be further investigated.

The meeting adjourned at 6 p.m.

SATURDAY, JUNE 26

The representatives reassembled at 9.30 a.m.

FUTURE ORGANIZATION OF THE ASSOCIATION

The Question of Trade Union Status

Dr. J. A. Gorsky (Westminster and Holborn) moved that the British Medical Association explore the possibility of setting up a body equivalent to a trade union. He said that in view of the new and changed status of the doctor working in the National Health Service which would inevitably occur after July 5 his Division asked for a thorough examination of the problems which would develop from the inception of this service. On June 19 the Council published in the *Journal* a lucid opinion submitted by Mr. Cecil Havers, K.C., and Mr. Gedge, and it seemed that the only useful purpose of this motion was to emphasize counsel's opinion. There were members who felt that the Association would be more effective as a voluntary body as now constituted than as a trade union, but if learned counsel's opinion was correct he was bound to say that he was at a loss to understand how it was possible for another body of members to form themselves into a trade union affiliated to the T.U.C. The problem should not be left where counsel left it; as a body registered under the Companies Acts the Association could not form itself into a trade union. Doctors were not workmen or servants within the meaning of the Trade Union Act, 1913, nor did they conform to any of the principles laid down for trade unions. Under the new Health Act doctors might be termed workmen with a contract of service. A workman was one who worked under supervision; he must obey his employer's orders. An independent contractor stipulated for a certain result and he was left to produce that result: he was bound by his contract and not by orders. In the case of a servant or workman the master chose the means and methods, which was what the Minister of Health was about to do, and he submitted, therefore, that a general practitioner employed by the Minister of Health through the Local Executive Council, or a specialist or consultant employed by the regional body, was a workman or servant within the meaning of the law of master and servant. Therefore doctors now complied with the principal statutory objects of the Trade Union Act, 1913. On the other hand, it might be argued that the contract was one for service rather than one of service; he did not subscribe to that opinion, because, although they were now designated by the National Insurance Act as self-employed, the Minister of Health or the regional board as employers controlled them as servants to a greater or less degree in the manner in which they did their work. With the wide powers which the Minister possessed he might command in full the manner in which the work was done.

He suggested that the proper method, after discussion, was to refer the matter to Council with a recommendation to set up a special committee to explore the matter afresh.

Dr. J. O. McDonagh (Perth) said that this question had been sidetracked in the past because of the vague nature of the

B.M.A. constitution. The B.M.A. could not become a trade union nor use its funds for the purpose, and his Division suggested that a parallel body rather than an independent one should be formed. Doctors must now regard themselves as another group of workers, and must protect themselves collectively against the forms of tyranny latent in a State service. His area did not think the Association was strong enough nor that its bargaining power would be sufficient for the future. It might have been so in the days when the words "negotiation" and "consultation" meant something; now the meaning was changed "enough to make Webster and Nuttall turn in their graves." Since the repeal of the Trade Disputes Act hospitals had tried to force their staffs to become members of a trade union, after July 5 more would do so, and to what trade union could doctors turn? A trade union should be provided which would be truly representative of this profession.

Mr. Weldon P. T. Watts (Newcastle-upon-Tyne) said that his Division had instructed him to support the motion. It was impossible to make the Association into a trade union, and a body should be formed with full trade union status.

Dr. R. P. Liston (Tunbridge Wells) also supported the motion, but his Division suggested that "medical guild" was preferable to trade union. It was said by some that the B.M.A. could do all that was necessary, but if this was so why was it necessary to form an Independence Fund?

The Chairman of Council said that the strength and weakness of their organization had been experienced, and the Council appreciated the greater responsibility in the future in the matter of collective bargaining. Without any stimulus from the Representative Body it would have set up a committee to consider this problem and to report next year on what modifications or conditions should apply in order to make the organization completely efficient in the matter of collective bargaining. If the resolutions on the agenda could be referred to the Council *en bloc* without any opinion being expressed in favour of one or the other method it would be a wiser plan. The meeting could not enter into details or discover the most efficient way of dealing with the problem.

Dr. A. W. Gardner (Brighton) spoke against any proposal which might mean that the Association would form a trade union. He hoped the Council would bear in mind that there was a tremendous body of opinion in the profession against such a procedure. They had been fighting for their freedom. They might or might not have won a victory, but he was not going to be a full-time salaried servant of the State. If doctors went into a trade union they must lose some of their freedom. The Insurance Acts Committee had done very well for insurance practitioners and it had been said repeatedly that there would be a similar body in the new service.

Dr. Doris Odlum (Bournemouth) said that the Chairman of Council had given a valuable lead when he suggested that the matter be referred back for consideration. It had been found in recent events that there was some room for change in the constitutional structure of this organization and that it would lead to greater efficiency if it could be recast, especially on some questions of the method of representation and perhaps in the alteration of the geographical distribution of electoral areas. Whether there should be a trade union or not, doctors must have a strong and representative body to protect them.

Dr. T. F. Fletcher (Cumberland) said that, while he would be happy to refer this matter back to Council, it was serious and urgent enough to justify another Special Representative Meeting as soon as the Council had made up its mind as to the form the new organization should take.

Dr. J. N. P. Davies (Uganda) spoke as a member of a service which provided complete medical care for large populations under Government control. He did not think that if the Representative Body was fully aware of what had gone on in the Colonial Empire there would be any doubt as to the fact that a trade union was needed which was capable of putting forward very strong demands and backing them by strong collective action. Governments to-day were conditioned to collective bargaining; collective bargaining they would need to have, and it would get nowhere unless it was backed up by strong action when necessary. Although it might be thought that conditions and salaries were satisfactorily established, it would be found that they were never permanent, and, if the colonial experience was any guide, that emoluments were subject to arbitrary decrease, that conditions of service altered suddenly, and that when representatives went to take up the matter they would be met with a complete refusal to negotiate or discuss any matter which had already been decided by the Government. It was necessary to have a strong body of representatives, with some method of collective action, to cope with the situation.

T.U.C. View of B.M.A.

Dr. E. A. Gregg (St. Pancreas) spoke as one who had had strong and close personal connexion for many years with a medical organization which had registered itself as a trade union. He left it for two reasons, the first of which was that he found that it did not have the overwhelming influence claimed for it. When he attended the Trades Union Council as a representative to press certain points the answer was that in their opinion there was only one organization which represented the medical profession and that was the British Medical Association. He had been more and more impressed in recent times and in connexion with his own experience as Chairman of the Insurance Acts Committee that this was the attitude of the Government and the Ministry towards this great organization of which they had every reason to be extremely proud. He had not heard of any hint of weakness in the organization due to the fact that they were not protected by trade union legislation.

The second reason was that while he was associated with the organization to which he had referred it was his steadfast endeavour to try to make it in some way supplementary or complementary to the work of the B.M.A., but he found that the inevitable tendency in a second organization was to set up a spirit of rivalry, a condition of damaging criticism, and a feeling that the other organization could only flourish at the expense of the British Medical Association. This was a very dangerous position and it would be possible for a section of the British Medical Association to say that it would transfer its allegiance to this other body. "Be careful, be very careful, how far you are foolish enough to set up that condition of things."

He was all in favour of the matter being considered by the Council or a special committee of the Council, but it was full of difficulties and he was by no means satisfied that the Association was in the legal position which had been described in which it could carry on negotiations, discussions, and activities to their full logical length without seriously involving itself in the likelihood of a legal disaster.

Dr. W. H. Tattersall (Reading) asked the Chairman of Council whether he would be prepared to guarantee that a Special Representative Meeting would be called so that this urgent matter could be fully ratified without waiting for a year to elapse.

The Chairman of Council said that there was no reason why, as soon as the special committee had considered the problem and could report, there should not be a special meeting to consider it and take the necessary action, however soon that might be. He quite agreed that the sooner the matter was considered and dealt with the better. He was quite prepared to accept a reference to the Council to appoint a special committee and to report at the earliest possible moment.

Dr. Tattersall asked, in view of that statement, whether a definite guarantee would be given that a Special Representative Meeting would be called.

Dr. R. P. Liston (Tunbridge Wells) asked if he might move a resolution that a Special Representative Meeting be summoned to discuss the findings of the committee as soon as it was prepared to report.

The Chairman of Council said that this must be dealt with sensibly and there would be a Special Representative Meeting to consider it. Some people seemed to be extremely suspicious of the Council; that was not the best way to get the best results. He hoped it would be left to the Council to deal with the matter as a responsible body.

It was agreed that the whole matter, involving several motions, should be referred to Council, and Dr. Gorsky, in reply to the discussion, advised caution. This was a difficult legal and constitutional matter and not a political matter, and he asked the Representative Body to exercise patience.

Organization of Consultants and Specialists

Mr. A. M. A. Moore, chairman of the Consultants and Specialists Committee, moved approval on behalf of the Council of the proposals set out in the Annual Report (*Supplement*, April 10, p. 77) for the formation of regional consultant and specialist (including hospitals) committees, and the establishment of a Central Consultants and Specialists Committee.

He said that the Consultants Committee of the Association had had under consideration the future organization of consultants and specialists inside the Association. They had been considering the matter for months, and he desired to take the opportunity to pay special tribute to some of their colleagues on the special subcommittee, particularly Mr. Kindersley, of Bath, Mr. Lawrence Abel, and Mr. Ross Smith, who had given a great deal of time and thought to the plan which it was his privilege to submit to that meeting. It was clear that the organization in the Branches and Divisions did not fit in with the regional organization. It was decided that it was necessary to take steps in every region to establish a regional Consultants and Specialists Committee representative of all consultants and specialists. It was decided that as there would be medical staff committees corresponding to each of the groups managed by hospital management committees those medical staff committees would be the ideal bodies to select certain of their number to sit on the regional consultants and specialists committee. In addition, the regional committee, once established, would be the medium for selecting from its membership certain members to sit on the central committee. It was clear to the Council that they would never be able to create a consultants and specialists' machine unless they had the complete co-operation of teachers and non-teachers alike. Therefore they had proceeded to hold certain conferences. They had several conferences with the Provincial Teachers Association, a powerful body, truly representative of the consultants and specialists on the staff of provincial teaching hospitals, and they had present at the conference the representatives of the Non-undergraduate Teaching Association.

He was pleased to inform the Representative Body that at the last conference, held less than a fortnight ago, complete agreement was reached between these bodies and the B.M.A. The difficulty which the non-teachers were in would be appreciated. They were in a great numerical superiority and they felt that on the central committee they should have a majority vote. In the plan which appeared in the Annual Report they were given a majority vote. The teachers, however, were very worried about this. The provincial teaching hospital staffs felt that at every stage in the new central committee they could be outvoted. He wished to pay tribute to them for the action they took at the last meeting. They said that in view of the urgent necessity to establish a proper consultant and specialist machinery without any further delay they were prepared to give up the point concerning numerical superiority and accept equal representation.

To revert to the regional position, they agreed at the conference on a certain form of words regarding regional organization. But the feeling of the Council was that the regional committee should have a maximum amount of authority, and that the Association should put at the back of the new organization financial and secretarial support. "We will back it completely, but we do want every consultant to feel that any decisions arrived at by the regional or central committee should not be lightly overruled." He hardly needed in that meeting to draw attention to the brilliant success in a parallel field of the Insurance Acts Committee, which had gradually developed itself for many years into a powerful organization, and he hoped that as a result of that day's discussion the Representative Body would set on foot this machinery to represent consultants and specialists. There would be plenty of opportunity for change and reorganization. The matter could be reviewed in twelve months' time. During the last year or two while negotiations had been going on with H.M. Government there had been a constant feeling among consultants and specialists that they were not properly represented. He trusted that that feeling would now entirely disappear.

In the Annual Report (para. 61) the constitution of the regional committees was set out. The regional committees would be in close contact with the centre, having representatives on the central committee. The plan he put forward was only a suggestion, and he did not want any particular regional committee to feel that it was being coerced by the centre or by the Association. At the last conference it was decided to ask the Representative Body to permit of a modification of the proposed constitution, and he asked permission of the meeting to make certain alterations in this para. 61. By agreement reached by the Non-teachers Association, the Provincial Teachers Association, and the B.M.A. representatives the following was proposed to be substituted for Section (1) (ii) in the detailed constitution of the regional committees:

"20–25 members elected by practitioners engaged in consultant or specialist practice in the region, the relative proportions of teaching and non-teaching representatives to be determined locally in the light of conditions obtaining in the region, bearing in mind the importance of securing the adequate representation of teaching interests, which should not be based on numerical considerations alone."

There was one other addition, in subsection (vi), to add at the end:

"This would not prevent the election of members on hospital staffs under contract to Regional Hospital Boards or Boards of Governors, even though engaging to some extent in general practice."

The principle on which the Consultants Organization Committee and the Council had proceeded was that it was important to secure that the representatives from the regions should have a majority on the Central Committee, which it was suggested should be constituted as follows: the four officers of the Association, four consultants elected by the Representative Body, two by the Council, 38 elected by the 19 regions (in Great Britain and Northern Ireland), five by part-time consultants, four appointed by various standing committees of the Association in accordance with the general principle that there should be interchange of representation between various standing committees, and 12 appointed by each of the specialist groups, with power to co-opt three others, making a total of 72. The criticism would be that this was a very big committee, but it was impossible to secure proper democratic representation of consultant opinion throughout the country without a committee of this size. The problem was the 38 from the regions. In the original plan the numerical position where the non-teachers would have four to five times as many seats as the teachers had been worked on and the teachers had taken exception to this. Following the agreement reached at the conference he would ask for permission to insert some words at the end of the third paragraph of the section headed "The Central Problem" of para. 62 of the Annual Report: "It is desirable that of the representatives nominated by each regional committee one should be a member of the staff of a hospital administered by a board of governors, and one should be a member of a staff of a teaching hospital administered by the regional hospital board."

The final wish of the conference was that this machine should be put into operation, that it should be made an autonomous body, that it should be given the fullest possible backing of the Association, and that it should elect any member it chose as its chairman, who should be an *ex officio* member of the Council of the Association. It was essential to get this organization on foot so that every consultant and specialist would feel that there was a body organized and capable of speaking for consultants and specialists generally. (Applause.)

Mr. Weldon P. T. Watts (Newcastle-upon-Tyne) moved as an amendment that not more than one-quarter of those elected to regional consultant and specialist committees by the staffs of non-teaching hospitals should be part-time consultants and specialists. He said that practitioners working full-time in hospitals felt that there was likely to be an excess of part-time practitioners on this committee.

Mr. Moore said that the plan was only a suggestion to regions and he hoped that the amendment would not be pressed but that the matter could be left to see the result of the first year's working. The regions should not be interfered with.

Mr. Weldon Watts agreed, and asked permission to withdraw his amendment, which was granted.

Dr. P. Y. Lyle (Southport) moved an amendment to strike out the words "have been members of the consultant and specialist staff of a hospital other than a teaching hospital and are in consulting or specialist practice in the region."

Mr. Hugh Carson (Birmingham) said that this amendment might preclude a very good representative who had retired from a hospital staff and was in active practice, and he did not think it should be supported.

Mr. Lawrence Abel (Marylebone) supported Mr. Carson. Some consultants might want to go to a country district and the men in the country district might be glad to avail themselves of his services. The whole of the scheme was fluid; it was meant to be fluid. It was desired to give an opportunity to everybody whether he had retired from active hospital service or not, and it would be a pity that a man still young at 60 should be debarred from helping the profession as well. He might have more time to give to watching the interests of his colleagues and he advised that the matter should be left as Mr. Moore expresed it.

The amendment was lost.

An Autonomous Body

Mr. N. Ross Smith (Bournemouth) moved that the Central Consultants and Specialists Committee should be an autonomous body with full powers to determine policy on consultant and specialist and hospital matters and action through the administrative machinery of the Association, the decisions of the Committee not to be subject to approval of the Council or the Representative Body except in so far as they might affect other forms of practice or other aspects of the policy or activities of the Association. He said that this course was essential for the preservation of the unity of the profession. He knew that he was expressing the views of the majority of the specialists in this country; they had come to realize that it was to the Association that they should look as the only body having the adequate resources for such representation and negotiation. Most specialists realized that all sections of the profession should be represented in the same Association so that unity and strength should be preserved. Specialists were also conscious of the fact that they constituted a minority, and some felt that the Association existed mainly for the protection of the interests of general practitioners. The proposal he put forward, if accepted, would do much to dispel that feeling. The move to form an *ad hoc* committee of specialist organizations would perpetuate the unfortunate division of the representation of specialists and the division between the specialists and the other sections of the profession, although he had strong reasons for believing that the specialists would turn to that *ad hoc* committee. He considered therefore that it was essential that the Central Committee should be autonomous.

The Chairman of Council said he appreciated the altered position of specialists and consultants in the new service. The Council was very anxious that consultants should have every confidence that the Association would look after their interests, and he commended most thoroughly the scheme which Mr. Moore had outlined. The Association and this body was extremely grateful to Mr. Moore for his ambassadorial ability in bringing different sections of the consultant and specialist fraternity together and getting an agreed scheme to put before the Representative Body. It had not been an easy task. The Bournemouth motion was acceptable to the Council, which was anxious to reassure consultants and specialists and to consolidate the strength of the Association in dealing with all professional political problems.

Mr. Hugh Carson (Birmingham) also spoke in support of the motion. There was considerable opposition in Birmingham to the proposed Committee being under the control of the Association, and it was felt that the Committee should be an independent one.

Mr. Moore welcomed the motion and recommended the Representative Body to accept it. The motion was then carried.

Mr. N. Ross Smith (Bournemouth) next moved that the Central Consultants and Specialists Committee should have the power to elect its own chairman, who would be *ipso facto* a member of the Council of the Association.

The Chairman of Council said that this was not possible at the moment on the present constitution of the Council, but he could say that the importance of the chairman of such a body, as well as of the chairman of what would be the successor of the Insurance Acts Committee, always having a seat on the Council was fully recognized. He would be pleased to accept this recommendation for consideration by the Organization Committee in order that the constitution of the Council might be modified to make this possible.

Mr. Moore thanked the Chairman of Council; he was sure that this was the true procedure.

The motion was carried.

Dr. F. A. Roper (Cornwall) moved an amendment to sect. (i) of para. 61 of the Annual Report to add a further subsection reading: "Two practitioners of first assistant, registrar, or R.M.O. status within the region." The intention was that this class should have a definite representation in this set-up. Not infrequently there evolved from that class individuals with very sound constructive and administrative ideas in hospital practice, and this would be an improvement in the composition of the committees.

Dr. P. A. McCallum (Torquay) formally seconded.

Mr. Moore said that he was in sympathy with the amendment, but to fix the figure would be giving guidance to the regions which they might resent. If Dr. Roper would leave out the figure he would consent to the amendment.

Mr. A. Dickson Wright (Marylebone) opposed the motion. There was a great wave of equalitarianism going over the country, and it was wrong that men who were still untrained should sit on a committee with people who had already been through the mill. They could not bring anything which the other members of the committee did not know.

Dr. Roper, in reply, said he would be pleased to put the amendment in the form suggested by Mr. Moore, but on being put to the meeting the amendment was lost.

Mr. J. T. Rice Edwards (Monmouthshire) moved: "That the interim arrangements should not act to the detriment of part-time consultants and specialists who have been offered temporary contracts by regional hospital boards." He said that temporary contracts had been offered to consultants and specialists because arrangements had not yet been completed in which the remuneration worked out at less than half the present remuneration. The sessions were now half-day sessions, but the Ministry did not appear to recognize that surgeons worked in the evenings and at night or that there were such things as emergencies. If these were included it would mean that the specialist would finish his week's work by about Tuesday or Wednesday. They were asked to carry on and do the same work as in the past for less remuneration; they should not be expected to pay for the experiment. Temporary contracts were often the basis for permanent contracts and should be carefully looked into.

Mr. A. Dickson Wright (Marylebone) said that "a lot of dirty tricks would be done to a lot of people" in the future, a lot of distinctions would be made, and two men doing the same work would be paid at different rates. The invidious distinctions which were being made should be strongly opposed. The part-time specialists had a very bad time ahead of them unless the Association took a strong line.

Mr. Moore said he would like to accept the amendment. Negotiations in connexion with the report of the Spens Committee were just commencing and the interim position would be borne in mind. When agreement was reached the interim scales would be adjusted so that no one should receive poor remuneration in the early part of the interim period.

Mr. Rice Edwards, in reply, said that these temporary arrangements were so likely to become permanent that one was frightened that they would have a definite bearing on permanent arrangements.

This amendment was carried.

Dr. J. A. Pridham (Dorset) said that this was one of the most important pieces of work which the B.M.A. had done for years and he asked the meeting to look at it from a very wide point of view. When the Council reviewed its organization about a year ago it was realized that something must be done about organizing consultants and specialists. He suggested

that the proposed organization was very flexible and was a fine experiment on which to work in the future. It offered the greatest possible hope to consultants and specialists.

Mr. Eric Steele (Marylebone) said that a number of specialists had spoken to him in the last week with alarm at the setting up of this new organization, thinking that it would make for division between the section which would support the B.M.A. and the section which would have nothing to do with the B.M.A. The view was that the Royal Colleges would have to take up the problem of the organization of the specialists. He urged that great consideration should be given to the proposed procedure and that the consultants and specialists should not be split by the setting up of another organization.

Mr. C. F. Mayne (Plymouth) opposed Mr. Steele. The staffs of hospitals in his area felt that the best organization for consultants and specialists was that put forward by Mr. Moore. He did not agree that the onus of splitting the specialists into two groups would lie with the Association. Why had the Royal Colleges emerged from the academic sphere into the political sphere? Their sphere was academic and their influence on the profession would be very much greater if they did not mix up in the hurly-burly of ordinary political activities. The Association had the administration and secretariat which was able to handle the matters which had to be handled, and, provided that the organization was actually autonomous, he would heartily support the proposals which had been put forward by Mr. Moore.

Mr. R. L. Newell (Council) said that as Chairman of the Hospitals Committee he spoke with some sadness in asking the Representative Body to support this proposal, because if it was accepted that committee would disappear. The President of the Royal College of Physicians was attempting to set up a committee to safeguard the consultants of this country, a committee which was undemocratically elected and with no peripheral organization. As a surgeon he refused to be governed by a central committee of the College; let the Colleges stick to their proper function, which was academic in character.

Mr. Moore, in reply, asked the Representative Body to adopt the proposal which would secure the interests and protection of every consultant and specialist in the country.

The motion was carried.

Mileage Allowances for Specialists

Mr. Lawrence Abel (Marylebone) moved a rider to the effect that adequate mileage allowances should be payable to consultants and specialists and in any case this should not be less than 1s. per mile at 1939 values. He had worked out the cost of running a car before 1939 and could not do it for less than 1s. per mile, and the expenses of a car had greatly increased since then. He understood that payment for mileage would be at the rate of 6d. per mile for the first 2,680 miles and 3d. per mile after. This was ridiculous.

Mr. C. F. Mayne (Plymouth) seconded. Mr. A. Dickson Wright (Marylebone) said that he understood that this also applied to motor-bicycles, tricycles, and tricars, and he hoped the meeting would press for an allowance for bath-chairs! (Laughter.)

The rider was carried.

Dr. E. C. Dawson (Derby) moved that the meeting proceed immediately with the setting up of regional consultant and specialist committees. He said that in Derby there had been some difficulty with the Regional Board on the question of the chairmanship of hospital management committees. It was felt that if there were adequate regional consultant machinery they would be in a better position to make a protest. The need for these committees was urgent and immediate.

Mr. Moore accepted the motion. He said that committees had already been set up in 11 of the 14 regions. As far as Scotland was concerned it had been left with the Scottish Committee to arrange the local machinery. It was hoped that the remainder of the committees would be set up as soon as possible.

The motion was carried, and the report of the Council under "Consultants and Specialists" as amended was adopted.

GENERAL PRACTICE

Dr. S. Wand, Chairman of the General Practice Committee, briefly introduced the Annual and Supplementary Reports of Council under "General Practice."

Doctors' Cars

Dr. J. W. McCarthy (Hendon) moved to urge the Council to make representations to the Minister of Fuel and Power for a special allotment of basic petrol to medical practitioners for recreational purposes. He said that doctors were the most essential users of motor-cars and should have this privilege.

Dr. Wand said there was no necessity to pass this resolution. He was one of the negotiators who went to the Ministry and he believed the position was perfectly well safeguarded. The relations with the Ministry had been so happy since they got the concession at the begining of the year that he hesitated to ask for a further concession which no other section of the community up to now had enjoyed. They had just been told that Civil Servants got the concession; if so, it was a new situation. But he believed that whatever petrol the doctor needed for his practice and for his reasonable recreation would be supplied.

It was decided to proceed to the next business.

Dr. R. A. Forbes (Hendon) moved to request the Council to explore the possibility of designing and preparing a distinctive motor badge indicative of membership of the B.M.A. This motion was directed primarily to improving the situation with which most representatives must be familiar. At the outset of the war it was found necessary to prepare and issue to doctors a sign which they fixed to the car to indicate their profession. Not a few members of the profession were unhappy as to the ethical significance of carrying around with them a "Doctor" sign on their windscreen. When the petrol restrictions were reintroduced advice was given to the profession that they could reapply that sign, and the sign was made available in a somewhat smaller size. It was true that the sign did save members of the profession from certain police inquiries, but they all objected to carrying on their vehicles a device reminiscent of the tradesman peddling his wares. Something more dignified was called for if it was necessary to continue to use any distinctive sign at all. There was a body of opinion in the profession which felt it would not be inappropriate for the Association to prepare a suitable motor badge which could be fixed to a car, being covered when it was not required, and indicating membership of the Association. The police did exercise their discretion in "no parking" streets if they were aware at the outset that the car belonged to a doctor.

Dr. Saklatvala (West Bromwich) moved an amendment to substitute the word "necessity" for the word "possibility."

Dr. Forbes thought there were a variety of factors, ethical and otherwise, concerned in this question and he did not like an amendment which seemed to tie the hands of the Council. Dr. Wand said he saw no reason why the Council should not go into the matter again.

The motion as amended by West Bromwich was carried.

Dr. W. Smith (Greenwich and Deptford) moved an amendment expressing dissatisfaction at the lack of any improvement in the position with regard to obtaining doctors' cars and urged the Council to defend priority for doctors. The number of new cars was insufficient for the requirements of the community, but it was essential that doctors should have priority. Dr. A. Brown (Cambridge) spoke in support of this motion.

Dr. D. T. Hutchinson (West Middlesex) drew attention to the letter in last week's *Supplement* (p. 186) from the Society of Motor Manufacturers and Traders. This showed that the position was no better than it was a year ago, and whilst they knew that the appropriate committee had done the best it could they might suggest that the matter be taken direct to the Ministry of Supply in order that cars should be obtained.

Dr. Wand said that the high export quota had meant that cars of certain makes had completely disappeared from the home market. Something like 200 applications a week were received at the office. There had been a conflict between the Ministry of Supply and the motor trade in which the Ministry of Health had supported the doctors' case. The position was still very difficult so far as distributors were concerned but the meeting could rest assured that the matter would be closely watched.

Dr. W. Smith suggested that doctors might be advised as to which make of car would be available. It was a common experience to order one type of car and fail to obtain it while somebody else immediately got another type. Dr. J. E. Elliott (Buckinghamshire) moved to delete certain words from the Greenwich amendment which expressed dissatisfaction with the Council's statement, and to add that preference should be given to doctors with higher mileage ; also that the profession should be advised from time to time what makes of cars were available for the home market.

Dr. Wand accepted the first part of this amendment but pointed out that the second part might not be possible.

The amendment was carried, and the Greenwich and Deptford motion as amended was agreed to.

Other Medico-political Matters

A motion by Leicester and Rutland was proposed asking that the Association should continue to press for the adoption of the increased fees and allowances for medical witnesses which had been recommended by the Departmental Committee.

Dr. Wand said a question had been asked in the House of Commons and a promise given that the Order would be implemented within the next few weeks.

The motion was carried.

The recommendation of Council concerning fees for first-aid lecturers (set out in the *Supplement* of April 10, p. 71) was adopted without discussion. It laid down that the minimum fee for all lectures by members of the medical profession given to a lay public on first-aid, home nursing, etc., should be 1½ guineas for each lecture of one hour's duration, with mileage at the rate of 1s. per mile each way beyond a radius of two miles.

West Somerset raised the question of examination of recruits for the Territorial Army, and asked that the Council should press for the retention or re-establishment of civilian medical Boards for an examination of such recruits.

Dr. Wand said the Council had been doing this during the whole of the session. The trouble was the difficulty of getting the Boards together.

Dr. J. C. Arthur (Gateshead) moved: "That in view of the complicated system of classification recently introduced a considerable reduction should be made in the number of candidates called for examination by both male and female Boards." He said that the system of examination introduced by the Boards was a "crossword-puzzle." The new procedure involved a good deal more work than the old, especially, he was informed, in the case of female Boards, where a good deal of work had to be done by the second examiner, who was a woman doctor. He thought this whole matter should be kept under close observation.

Dr. Wand said that they had not a lot of information on the actual amount of work involved, and if it was agreed to have this referred to the Council he was quite prepared to accept it.

It was agreed to refer the matter to the Council.

Life Insurance Fees

Dr. W. D. Steel (Worcester and Bromsgrove) moved that where a domiciliary examination for life insurance was desired the company or society should pay the practitioner an additional fee of half a guinea as well as the proposed 1s. per mile for mileage. He said that it was very inconvenient for an examiner to have to go to the patient's home, and this might be a deterrent to adopting that sort of thing on a wide scale.

Dr. Wand said he was not very happy about this proposal. After prolonged negotiation they had come to an understanding with the life insurance companies and no complaints at all had been received at the office.

Dr. McCarthy (Hendon) opposed the amendment. There was not very much difference between making the examination in the house of the patient and making it elsewhere. He did not think the arrangement with the life insurance offices should be disturbed.

Dr. R. A. Forbes (Hendon) also opposed the amendment. The negotiations to bring this matter to a conclusion had been long and difficult, and he hoped they would not be upset at this juncture.

The Worcester and Bromsgrove amendment was lost.

On the motion of Greenwich and Deptford it was agreed to insert the words "not less than" before "10s. 6d." in the penultimate line of para. 26 of the Council's Report, so that it would read that where companies, having obtained a full report, for which a fee at the higher rate had been paid, subsequently required additional information in the form of a supplementary report "the Council considers that a further fee of not less than 10s. 6d. would be appropriate."

Dr. H. F. Hiscocks (South-East Essex) moved that "All examinations for life insurance should be paid for at a standard rate of a guinea and a half." He said that this had become almost a hardy annual, but he wished to bring it forward more particularly because it had its basis in the great discontent in his Division at the inadequacy of the half-guinea fee for the shortened form. This form included examination of heart and lungs, taking height and weight and examination of urine. Many of the cases had history of disability or some physical organic trouble and it was for that reason that the report was required. It might be argued that some of the companies could not afford more than half a guinea ; if that was so let them go without the examination. It might also be argued that if a doctor was not prepared to carry out examinations for the reduced fee of half a guinea then he should refuse to do them, and that was what many members of his Division were proposing to do, but it was still part of the Association's policy.

Dr. E. C. Dawson (Derby) supported the motion. Some companies did not request medical examinations for small policies, but there were cases where there had been an illness or disability in the past and wholly on that account a medical examination was required. These particular cases were just the difficult ones and had to be examined for 10s. 6d.

Dr. Wand complained that they had had this matter over and over again. If the company wanted anything more than the shortened form they had to pay a guinea and a half. It was a question of either the shortened form or the long form with the possibility of a supplementary fee on the long form. In this matter they had reached an agreement which was not unsatisfactory, with reasonable fees, and he hoped that it would not be disturbed. He reminded the representatives that if in addition to the examination mentioned the blood pressure was taken the 1½-guinea fee came in. Dr. R. A. Forbes supported what the Chairman of the Committee had said.

Dr. Hiscocks replied that he was quite unrepentant. The feeling in his Division was very strong that these shortened forms were becoming more and more akin to the long forms, inasmuch as the candidates who came forward had something wrong with them which necessitated a longer examination for which the fee of half a guinea was totally inadequate.

The South-East Essex amendment was lost by a large majority.

Dr. G. J. Meikle (Worcester and Bromsgrove) moved that the fees paid for attendance on trainees at Government training centres should be exclusive of specially expensive drugs and appliances as applied to fees payable to civil medical practitioners for attendance on members of the Armed Forces and ex-Service pensioners. He asked whether after July 5 special payments would be applicable with respect to these patients. Dr. Wand replied in the negative. Dr. Meikle withdrew the amendment.

A representative asked a question regarding the registration of persons in the National Health Service. He said that a considerable number of people wanted to register with one doctor and to remain a private patient of some other doctor. Was that or was it not a proper procedure ?

Dr. Wand replied that there was nothing wrong with such a procedure from the legal point of view.

The discussion on the section of the Report, under General Practice, was then adjourned until Monday.

Elections

The Chairman announced that Dr. E. A. Gregg had been elected unopposed as Chairman of the Representative Body.

Dr. Gregg, who was received with loud applause, thanked the meeting for this expression of their confidence, which he would do his best to see was not misplaced.

The Chairman also announced that Dr. J. A. Brown had been elected Deputy Chairman, and that Mr. A. M. A. Moore had been elected Treasurer of the Association for 1948–51.

The meeting adjourned at 1 p.m.

MONDAY, JUNE 28

The meeting resumed at 10 a.m. A meeting of the Council had taken place earlier.

MEDICO-POLITICAL BUSINESS

Fees for Certificates in Mental Cases

The consideration of the Annual Report of Council under "Medico-Political" was continued. Dr. Wand (chairman of the General Practice Committee) moved the adoption of the recommendation of Council set out in the *Supplement* of April 10 (p. 74) modifying the Association's policy regarding the fees for medical certificates under the Lunacy and Mental Deficiency Acts and recommendations under the Mental Treatment Act. The new recommendation laid it down that in all cases where the practitioner had carried out the examination, irrespective of whether or not he was able to complete the certificate or recommendation, or whether the patient was subsequently discharged by the justice, a fee of at least two guineas should be paid.

The recommendation was carried.

Medical Examination of Intending Emigrants

Dr. E. C. Dawson (Derby) moved the whole-hearted support of the meeting for the Council in its efforts to obtain an upward revision of the fee for medical examination of intending emigrants to a minimum of 1½ guineas, which revision was considered as long overdue. He said that one of the members responsible for conducting these examinations had informed him that he still received a fee of only 10s. This was a comprehensive examination—quite as comprehensive as that required for life assurance.

Dr. Wand said that they had been unable to obtain this revision so far but they hoped for success.

The Derby motion was carried.

Night Visits

A motion was called in the name of Gateshead but the representative was not present. In the preamble to the motion it was recalled that in 1947 the Annual Representative Meeting decided that the hours constituting a day visit should be from 9 a.m. to 8 p.m., and a night visit from 8 p.m. to 9 a.m. Gateshead now proposed that the following be substituted:

"That any visit between the hours of 9 a.m. and 8 p.m. on any week-day should be considered a day visit, and that any visit between 9 p.m. and 8 a.m. the following week-day, or between 9 p.m. on Saturday and 8 a.m. on Monday shall be considered a night visit."

Dr. R. W. McConnel (Buckinghamshire) moved that "9 a.m." be altered to "8 a.m."

Dr. Wand hoped the meeting would refer both resolution and amendment to the Council. Considerable progress had been made over the last few years in this respect, but suddenly to take in the whole week-end, as the resolution proposed, would be unwise without serious thought.

The reference of the motion to the Council was accepted.

Certification under the National Health Service Act

Dr. Wand next moved a series of recommendations of Council concerning certification under the National Health Service Act. The recommendations were set out in the Supplementary Annual Report of Council, published in the *Supplement* of May 29 (para. 163). The first was designed to limit the obligation to furnish such certificates to cases in which such certificates were necessary to make a claim for sickness and disablement benefit, for essential surgical appliances, and for special treatment under the Service.

This recommendation was adopted.

In the absence of the Gateshead representative the Chairman moved formally to add after the words "sickness and disablement benefit" the words "as provided by the National Insurance Act."

Dr. Wand said that the National Insurance (Industrial Injuries) Act should be included in the motion.

It was agreed to insert these words and the amendment in that form was adopted, and the recommendation as amended was agreed to.

The next recommendation moved by Dr. Wand was that the certificates to be furnished by a general practitioner under his contract of service should be enumerated by the Minister in regulations, the list not to be prepared or amended, nor the form of existing certificates altered, without prior consultation and agreement with representatives of the profession.

This recommendaion was approved.

The next recommendation called for immediate steps to reduce the number and simplify the form of certificates, ensure that new certificates other than those referred to in the recommendation just carried be not introduced nor existing forms altered without consultation, limit the burden of giving certificates for commodities in short supply where there was no official sanction for such requirement, and reduce the frequency of renewals of certificates.

This recommendation was approved.

Dr. Wand further moved as a recommendation of Council:

"(1) That a practitioner be entitled to issue a certificate at any time within seven days of the date on which he has seen a patient regarding the unfitness of his patient to follow his employment, and that he be not restricted, as under the National Health Insurance Acts, to a period of 24 hours; (2) that where he is satisfied that his patient is suffering from a chronic illness he should at any time after the second week be entitled to issue a certificate valid for a period of three months; (3) that the rules governing the reissue of certificates in support of applications for additional supplies of rationed foods be amended to vest the practitioner with a discretion regarding the period of validity according to the condition of his patient; (4) that a practitioner should not be required to issue a certificate requested by an employer, whether private or governmental, regarding the incapacity of an employee during the first and second days of the illness."

On behalf of Gateshead an amendment was put forward to omit para. (4) of this recommendation.

Dr. Wand said that he did not think that Gateshead had quite understood the implication of this paragraph. This was not a suggestion that these certificates should be given freely. During the war many Government Departments and employers required certificates, particularly transport undertakings, and transport undertakings were now part of the Government set-up. It was important that doctors should not be required to produce certificates for shorter periods than three days.

The Gateshead amendment was lost and the original recommendation carried.

The Burden of Non-medical Certification

Dr. Wand moved as a recommendation of Council:

"The Association strongly recommends that practitioners should be relieved of the burden of non-medical certification as far as possible."

Dr. Wand added that whilst there might be some feeling amongst a section of the profession that doctors should be included in the list of persons required to witness signatures, yet it was felt that, with the best will in the world on the part of the doctors, with the extension of national insurance this was likely to become a heavy burden. The present recommendation was in the nature of a compromise and asked that doctors should be relieved of this burden so far as possible. No doubt this would be taken up with the Government Committee when evidence was given.

The recommendation was approved.

Form of Certificate for Unfitness

On the motion to approve the remainder of the report under "certification," including the model forms of certificate set out in the Supplementary Report, the representative of Reading moved to amend Form A so that it would read:

"..... is incapacitated for work by reason of *illness / *accident *attributable / *not attributable to the patient's work.

*Cross out what does not apply."

Dr. Wand said that they had got to be practical in this matter. Reading wanted doctors to give a decision on the

certificate as to whether a man's illness or accident was attributable to his work. It was not their business to place such a decision on a certificate and the principle behind the Reading amendment would be met by the next resolution, which was in the name of Gateshead.

The Reading motion was lost.

The Chairman moved further on behalf of Gateshead : That it is now felt both practicable and highly desirable to secure adequate certification for all purposes, including that of claiming benefit under the National Insurance Act, without disclosure of an exact diagnosis."

Dr. Wand said that he must leave this matter to the free vote of the meeting. It was not a matter on which he was able to speak dogmatically. His personal view was that what was here proposed was an impracticable and unnecessary step. The Committee on Certification had expressed the view that the diagnosis had to be given for practical reasons. It was a pity that Dr. Arthur, representing Gateshead, who was himself a member of the Certification Committee, was not present. In his absence he asked the meeting to reject the recommendation.

Dr. F. M. Rose (Preston) hoped the meeting would have nothing to do with this amendment.

Dr. W. Jope (Lanarkshire) said that on the National Health Insurance certificate many of them did not attempt to make an exact diagnosis.

Dr. J. C. Arthur (Gateshead), who now arrived, having been delayed in reaching the meeting, said that his Division felt rather strongly on the matter of this amendment which they had put forward. He reminded the meeting that disclosure of information was now increasing. With the new Act other classes of the community were coming into the field and it might be required that the nature of their illness should be disclosed to some particular Government Department. People were now coming into insurance who occupied some public position and were widely known, and leakage of information as to the character of their illness might in certain cases have serious consequences. Take a professional man of some standing. A diagnosis of his condition was given and many people knew him, including people on the staff of the Government Department concerned, and this might work out as a hardship to the individual. We were gradually slipping away step by step with regard to the confidential nature of information as to patients. Now that we had social insurance and its implications, a great deal of information was disclosed, including details of illnesses and so forth, which was very interesting from the viewpoint of statistics but might be harmful from the viewpoint of the individual citizen.

He thought therefore it should be possible to produce some form of codification whereby they could indicate, without giving the nature of the illness, whether the illness was likely to incapacitate the person for weeks or months.

Dr. J. A. Gorsky (Westminster and Holborn) suggested that Dr. Arthur in putting forward this proposal was guilty of loose thinking. The amendment said "without disclosure of an exact diagnosis." If a doctor had made an exact diagnosis he was under no obligation under the National Health Service to disclose the exact diagnosis. This situation had been accepted for the last 30 years under the National Health Insurance Act.

Dr. N. E. Waterfield (Kingston-upon-Thames) said that by the Hippocratic oath they were supposed to keep secret things that ought to be kept secret, and he accordingly suggested that this amendment be referred to Council for consideration by the Ethical Committee.

Dr. R. Forbes (Hendon) said that attention had been drawn to the words "disclosure of an exact diagnosis." These words had more than ordinary significance. When the National Health Insurance Acts were first being brought into operation considerable anxiety existed amongst the leaders of the profession as to the disclosure that would take place in any insurance certificate bearing, as such certificates would, an exact description of the illness from which the insured person was suffering. But it was argued then that the doctor was not making a disclosure to anyone other than the patient, as it was to the patient that he gave the certificate. He hoped that this would not be construed as something of great significance and he considered that there was no need for the amendment to be accepted by that meeting.

Dr. J. C. Arthur (Gateshead) agreed that Dr. Forbes had outlined the legal position, but if a patient did not pass on the certificate he did not receive his benefit. He was prepared to accept the reference to Council.

This was carried.

The Close of an Era

Dr. S. Wand, in moving that the remainder of the report of Council under "General Practice" be approved, reported that as a result of representations the new sessional rates for Government training centres had been made retrospective to January 1 last; the overriding weekly maximum had also been abandoned. In the case of the Independent Referees of the Ministry of Labour the 5s. fee had been raised to 10s. 6d., and the 10s. 6d. fee had been raised to 12s. 6d. The report with regard to medical witnesses would be implemented in the near future. Another point of interest was that in some areas there had been discrimination against doctors not assisting in the police service; the police officers, who had free choice of doctor, had protested and that matter was also being taken up. The National Deposit Society had made an offer which it was understood would cover patients during the present period, but apparently because of their machine the offer could not be increased effectively until July 1, which was comparatively useless, and the Secretary had been asked to write and dissociate the Association from the scale offered.

The General Practice Committee was closing an era in its work. Many of the points now taken up would no longer be of importance, many of the circumstances would cease to exist, and it would be wrong for him to close without some reference to the subcommittees which had played an important part in its work, and to some of the members who had conducted that work. He mentioned the work of Dr. Robert Forbes, the Chairman of the Cremation Subcommittee, also Dr. Vaughan Jones, Chairman of the Industrial Medicine Subcommittee before it became a full committee. Nor must the tremendous work of popularizing and regularizing the Public Medical Services which formed the basis of the extension of medical service be forgotten. Dr. F. Gray and Dr. H. W. Pooler had performed a magnificent service. Dr. Pooler, he believed, was the *doyen* of the meeting, he qualified in 1889 and the occasion should not pass without some reference to his work while he was a member of the committee. He did not wish to steal anyone else's thunder when he said that the foundations of the committee were laid and the traditions established by that very great servant of the Association, the retiring Treasurer, Dr. Bone. (Applause.)

In declaring the motion carried the Chairman said that although Dr. Wand had spoken with unusual restraint about the work of the General Practice Committee for many years, and particularly this last year, he himself had done an immense amount of work.

Forms for Examination of Transport Personnel

Dr. H. F. Hiscocks (South-East Essex) moved that forms for examination of transport personnel—bus drivers and conductors, etc.—should be uniform, should have the amount of fee clearly stated, and that the company or transport authority should be responsible for the payment. He said that most practitioners were confronted with these forms, they were not uniform, nor was the fee uniform, and his Division felt that there should be uniformity and that the fee should be stated on the form. There was every precedent for that in the case of commercial firms who paid for the medical examination of prospective employees.

Dr. Wand had every sympathy with the proposal but in view of the change over from private ownership to national ownership he asked that Dr. Hiscocks should agree that the matter be referred to Council for investigation and suitable action. Dr. Hiscocks agreed, and the meeting accepted the proposal on those terms.

HEALTH CENTRES

The Chairman formally moved, in the absence of the Hexham representative, a motion from that Division as follows:

"That this meeting views with considerable dismay the indefinite postponement of Health Centres, and the complacency with which this postponement has been accepted by the profession.

"Inasmuch as the original conception of a State Health Service was based on the Health Centre idea, with its improved amenities and the lessening of the burden placed on the doctor's household, it is considered that the construction of those Centres should be expedited with urgent priority."

Dr. A. Talbot Rogers, speaking as Chairman of the Committee set up by the Council to inquire into methods of group practice and the advisability of health centres, said that the Committee had presented its report to Council, which at its meeting that morning had decided that it was so important that it should be given careful consideration by the new Council. With the help of Dr. Revans, Assistant Secretary, the Committee had been able to conduct a satisfactory survey of different types of practice throughout the country and an analysis had been made thereof. Suggestions had been made as to ways in which the best features of present-day practice could be retained and its disadvantages avoided in the future. The Committee did not wish to prejudice the position by laying down any definite line of policy, but had come to the conclusion and offered the suggestion that, so far as present-day practice was concerned, partnership practice with common premises seemed to offer the greatest advantages and the best conditions of practice. It was hoped to promote general-practitioner specialization in the future.

The Committee was certain that the time was more than ripe for experiment. The building circumstances which led to the Minister's first circular to local authorities were to be regretted; a later circular had been issued, and it was believed that, for instance, in areas of new development or in satellite towns, where there would have to be some provision of premises for medical services, health centre planning could begin. These prototypes should be put into commission at an early date; a central committee should watch over these experiments, and should be in a position to give advice to any authorities or groups of doctors who sought it. The Committee would like to see a start made at the earliest possible moment in some centres.

Dr. A. Beauchamp (Birmingham) moved an amendment to delete the word "indefinite" before "postponement," to add the word "apparent" before "complacency," the deletion of the word "those," and the substitution of "experimental" in the second paragraph. He said that the establishment of health centres had not been indefinitely postponed; many local authorities had plans ready; there had not been any complacency on the part of the Association in this matter, and the Committee's view that health centres should be experimental was quite definite. There was a need for experiment in several types of area with several types of health centre. He believed that within a year there would be a health centre in his own city of prefabricated construction to last for about 60 years. It was felt that this type of building was the best at the moment, because the health centre was experimental and the building itself would be experimental.

Dr. J. A. Ireland (Council) felt that the latter part of the motion was of considerable importance to doctors. He failed to see anything in the Act or regulations which would relieve the present-day burden of the doctor; the health centres might do that; but one had to realize the position of the health centres. Birmingham was establishing one which would cover two acres of land with six doctors to run it, and if this was to be the standard it would not be very easy. Where in any populous district were two acres of ground to be found?

Dr. C. M. Stevenson (Council) said that the motion, if adopted, would turn the long-term policy of the report into a short-term policy. It was hoped that eventually the Service would be first class; that must be kept in view and no policy adopted which would spoil that objective. There should be experiment to discover what was best, and the best would be different in different parts of the country. The places in which these experiments were to be made must be chosen by a central committee who had the whole country in mind.

Dr. A. Talbot Rogers (Council) accepted the amendments proposed by Dr. Beauchamp. There were short-term needs, but the Committee had put forward a long-term policy, as would be seen when the report was published in the *Journal*. The report of Lord Dawson's Committee in 1920 went into a pigeonhole and was now a historic document; the Committee was anxious that something should be done now to provide the type of centre which would suit present-day needs and, perhaps, future needs also.

The meeting agreed to the acceptance of the amendments, and Dr. D. S. Saklatvala (West Bromwich) moved as a further amendment:

"That this meeting would view with the greatest dismay any hasty and widespread starting of health centres and is of the opinion that the Minister should sanction at the present time only carefully chosen experimental types in properly selected areas, and that he should ensure that the data collected and the lessons learned from these experimental centres should be made generally available to local health authorities and executive councils as soon as possible."

It was his experience that outside the profession there were people who were in a tremendous hurry to set up any sort of health centre. They were very vague as to what constituted a health centre; they were prepared to put up with temporary buildings and provisional arrangements, their only aim being to get something which would be to the glory of the town hall without any regard to the efficiency of the Service or convenience of the patients. The task of the profession was to hold these people back a little.

The amendment was seconded by Dr. N. J. Cochrane (Burton-on-Trent), who said that Dr. Beauchamp's alterations did not go quite in the right direction. Now that the health service was an accepted fact health centres must be developed; they would give certain benefits to the doctor and to his wife. They must be in selected areas, but their buildings had of necessity to be slowed down. The best type of centre could be discovered only by trial and error; otherwise buildings unsuitable for the work would be put up hurriedly. In his county proposals had already been drawn up which would result in a barnlike structure divided up into compartments.

Dr. J. C. Arthur (Gateshead) welcomed the amendment. Doctors were losing half the ownership of their practices and they should retain the ownership of their premises. A potent weapon in the recent negotiations was that they possessed a large part of the property and material necessary for running the Service. Another point was that while they ran their own show they could control their own expenses. Resolutions were sometimes moved in order to "get at" the Minister.

Dr. R. W. McConnel (Bucks) also supported the amendment. Lay members and local authority members of the Executive Council were very keen on establishing health centres, but the medical members had to slow them down. There should be time for discussion, so that the health centres, when established, were adequate.

Dr. G. O. Barber (Mid-Essex) opposed the amendment. A good deal of muddled thinking had been evident; on the one side it was said that they did not want gimcrack centres scattered over the countryside, on the other hand they wanted relief for themselves and for their wives. Who, with any experience of local authorities, entertained the pious hope that they would produce the cash, or trouble to build health centres, unless they were pushed and prodded hard all the time? This amendment would be received with a sigh of relief by every local authority in the country, and the report which had been worked on for so long would go into a pigeonhole.

Dr. A. Beauchamp (Birmingham) also hoped that the amendment would not be accepted. There was no intention to set up experimental health centres all over the country. The Hexham motion, as amended, was in line with the report of the Health Centres Committee. At the moment prefabricated buildings must be used, but they must not be thought of in the same way as prefabricated houses. Even the most enthusiastic local authority would consult the medical profession. His own was as enthusiastic as any and had been in the most complete consultation with the Local Executive Council and the medical profession. He hoped the meeting would agree that they did not want delay; the doctors who undertook work in these experimental health centres would be undertaking work on behalf of the public and the medical profession as a whole, and they should be helped in every possible way. If there was no experimentation the right type of health centre would not be evolved.

Dr. A. Talbot Rogers (Council) also hoped that the amendment would not be accepted, because it did not add to what

had already been accepted. There was nothing in their resolution as it was now amended to suggest that they should do anything more than advise the setting up of experimental health centres under guidance. The Hexham motion was simple and to the point, and perhaps it could be referred to Council for study alongside the Health Centres Committee report so that it could decide what action to take. It was quite possible that they might decide it was a matter of sufficient importance to be brought up before the Representative Body at the first appropriate moment. It was unlikely that any action should be taken at the present stage.

Dr. Saklatvala, in reply, said that there were large numbers of local politicians who wished to put up health centres just to be first in the field, and the medical profession must ensure that it was properly done.

Dr. Saklatvala's amendment was carried by 105 votes to 85, and thus became the substantive motion.

Dr. J. C. McMaster (West Somerset) said that he hoped something would be done to ease the intolerable burden of doctor's wives. From a personal point of view he found that this had become worse and domestic help was unobtainable. In the absence of such help the telephone must be manned all the time by the doctor or his wife. He agreed fully that health centres should not be hastily and rashly built, but he hoped that in the meantime some interim measure might be adopted such as a bureau of receptionists or a relay of messengers.

Dr. T. W. Morgan (Kingston-upon-Thames) said that the Council had presented to it that morning a very comprehensive report on health centres, and he wished to pay tribute to the Chairman of the Health Centres Committee, Mr. Talbot Rogers, for what he had done in this connexion. The Council had wisely decided that the Report was too comprehensive to be considered at its meeting that morning; it would be considered later and brought before the Representative Body at a subsequent meeting. He therefore asked that the motion as it now stood should be referred to the Council.

The amendment moved by West Bromwich was carried.

THE ASSOCIATION OVERSEAS

By previous resolution the order of business was varied at this point in order to take the report of Council under "Overseas" and to give an opportunity to the representatives of overseas constituencies briefly to address the meeting.

Dr. J. B. W. Rowe, in moving the report on behalf of the Dominions Committee, made a brief reference to the various matters contained therein, including the British Commonwealth Medical Council, the Colonial Medical Advisory Committee, and the terms of service in the Colonial Medical Service.

Dr. J. N. P. Davies (Uganda) said that there were no more loyal members of the British Medical Association than those who lived overseas. They followed with interest and attention what was done centrally. He brought the thanks of his own Branch for all that Headquarters had done in the past. The position of medical men in East Africa involved many problems. There were medical officers there who in 1948 were receiving less salary than their predecessors twenty years ago, and their indirect emoluments had been cut and cut again. In 1946 it was decided to abolish private practice for new entrants into the service. This was a fundamental change. The Association was not consulted either at home or overseas. Officers joined the service in entire ignorance of this fundamental change. They had learned in Uganda with great interest that the Council had received a promise that salary scales should be revised once more in the light of the Spens Committee report. The restriction on private practice should be withdrawn.

Dr. Foley (Tanganyika) brought the good wishes of his Branch, and joined with other East African colleagues in pointing out the poor salary scales obtaining in East Africa.

Dr. F. J. Wright (Kenya) spoke of the happy relations obtaining between private practitioners and the men in the Colonial Medical Service. This was largely due to the residence in East Africa during the last twenty years of a distinguished physician formerly well known in London, Dr. J. H. Sequeira. As illustrating the conditions obtaining in his area he mentioned that in the first district in which he was stationed, and in which he was the only registered man, some of his patients lived 400 miles from each other. Dr. Wright touched on the economic possibilities of East Africa.

Dr. R. D. Gross brought the greetings of the Malayan Branch. Dr. C. Michie (Gibraltar) endorsed the opinions of those who had spoken on the conditions in the Colonial Service. The need for a revision of salaries was urgent. Dr. J. Cauchi (Malta) spoke to the same effect. He had been a member of the Colonial Medical Service for over a quarter of a century. Dr. H. P. L. Ozorio (Hong Kong) said that some young men who had entered the Colonial Medical Service were wishing now that they had not gone in for it. He spoke of the serious financial position in which junior medical officers were placed owing to the increase in the cost of living. In many instances they had been forced into debt, and the Medical War Relief Fund had had to make grants. If nothing was done the Colonial Medical Service would find itself unable to recruit young officers.

Dr. Lumb (South Australia) said that scientific medicine in Australia still looked to the British Medical Association as its original home. In his Dominion they had been watching what happened in Great Britain with considerable interest and some misgiving. The Government in Australia was introducing socialized medicine, but so far they had contented themselves with a temporary expedient called "free medicine." Dr. G. G. L. Stening (New South Wales) also said that in Australia they had watched with great interest the endeavours of the British medical profession to maintain its freedom. Although the nationalization of medicine was the policy of the Australian Government it had not yet been fully implemented. What had been done in Great Britain would help them in Australia. Dr. John Gowland (Victoria) also acknowledged the debt of Australian medicine to the Mother Country.

The Chairman said with what interest these overseas communications had been received. Any points requiring further consideration would have the attention of the Dominions Committee. He gave a general welcome to the overseas representatives.

NATIONAL HEALTH INSURANCE

Dr. E. A. Gregg, chairman of the Insurance Acts Committee, moved approval of this section of the Annual Report.

He said this was the last occasion this Report would be moved under the present conditions. The old arrangements under National Health Insurance and the old activities of the Insurance Acts Committee were coming to an end, although they knew that the future would hold for them a great many things which would be carried out more or less along the lines to which they had been accustomed. The Chairman of the General Practice Committee earlier that morning had taken advantage of the occasion to remind the meeting of some of those who had been prominently identified with the work of his Committee, and he felt that this would be an appropriate time at the close of a particular phase in connexion with medical organization to bring again to the memory the names of some who had been prominently connected with building up the arrangements under National Health Insurance. He reminded the meeting of the late Sir Henry Brackenbury, to whose genius to a very large extent they owed the inception of the Insurance Acts Committee and all associated with it. Sir Henry had left them a heritage of great value in this organization, closely linked as it was with the British Medical Association and yet autonomous in its own field. But the name of Sir Henry Brackenbury in the history of the Insurance Acts Committee was not greater than the name of his successor, Dr. H. Guy Dain. It was in the Insurance Acts Committee that Dr. Dain laid the foundation of that reputation which he had since gained in a wider field. The Dain they knew to-day and valued so highly was the man whose experience, wisdom, and knowledge were gained and developed in connexion with National Health Insurance.

The Report he had to present was a short one. It marked the end of an era but it also marked the entrance upon a wider field of usefulness. In the minds of many of them any new Committee would still be the old "I.A.C." (Applause.)

The Chairman, in asking the meeting to adopt this part of the Report, said that Dr. Gregg's own name should be added to the two he had mentioned.

This section was approved.

INDUSTRIAL MEDICINE

Dr. J. T. L. Vaughan Jones, chairman of the Industrial Medicine Committee, moved approval of the report under "Industrial Medicine."

He said that the question of the overlapping of this Committee with the General Practice Committee would have to be considered in the reorganization of the Association's machinery, but they were very happy to leave in the hands of Dr. Wand several of the problems that might have to be considered in the ambit of industrial medicine. The ever-increasing trend of preventive medicine had convinced the Industrial Medicine Committee and also the Council that the reference of the Committee should be widened, and a recommendation to that effect appeared in the Report under "Organization." Medical service in industry was essentially a progressive service and it had entered the wider field of occupational health. The question of salaries of whole-time and part-time industrial medical officers had been the subject of careful consideration by the Committee, particularly in its desire not to prejudice claims in other spheres. Here he wished to mention the Central Co-ordinating Committee on Remuneration, which had helped very considerably. It had been suggested in relation to the new salary scales that they should bear some relation to the Public Health Services scale, but it had to be remembered that industrial health was not a statutory service and therefore was not comparable with the Public Health scale. It was important also not to take any action which might prejudice the development of medicine in industry, the more so because there was still a certain lack of conviction in industry, due to lack of knowledge, regarding the help which an industrial medical service could offer. The Committee had just completed the revision of the ethical rules for industrial medical officers. It was important that in this national crisis industry should recognize the service that industrial medicine could perform in the community.

The Report was approved.

HOSPITALS

Mr. R. L. Newell, chairman of the Hospitals Committee, in moving approval of the report under "Hospitals," said that it was with some degree of sadness that he brought forward this motion, because in the new rearrangement the old Hospitals Committee would cease to function. He took this opportunity of thanking those members who had given him their advice and assistance during his chairmanship.

Dr. C. F. Mayne (Plymouth) desired to bring before the meeting two matters relating to hospitals which were of some importance. One was the supply of rubber gloves. This matter was held up because of a difficulty which had arisen between the Ministry of Supply and the manufacturers of the articles, with the result that their gloves had to be sterilized over and over again until they became almost rotten before they could be replaced. The other matter was the discrimination against elderly persons concerning the supply of artificial limbs. The authorities responsible for the supply were unwilling to concede to persons no longer able to work. He hoped that the Representative Body would give its support in pressing for reform in these two directions.

Mr. Newell said that he had got sympathy with these remarks and he suggested that the matters be referred to the Council.

This was agreed to and the Report under "Hospitals" was approved.

Position of Medical Superintendents

Dr. J. C. MacArthur (Lanarkshire) moved to reaffirm previous decisions that in most instances the medical superintendent is recognized as the administrative head of the hospital and that in any final settlement arranged with the Government the B.M.A. would ensure that this principle was maintained and that terms and conditions of service of these officers should be subject to negotiations. He said that this motion was necessary because of the recent issue of a memorandum to all regional boards and committees of management (without previous negotiation and consultation with the leaders of the profession) instructing them that they should appoint secretaries whose duties and powers made them the superior of the medical superintendent from the point of view not only of his power and authority but also of the scale of salary. A phrase was coined "duality of control" as between the medical superintendent and the secretary, something which was quite impossible in a hospital. One had only to read the memorandum to realize that the secretary was the "boss" and that the status of the medical superintendent had been reduced to that of a medical registrar. This change was not required, and the only reason he could suggest for it was an attempt by permanent Civil Servants to bring about what the profession resisted in the second plebiscite. It was estimated in his area that the cost would be £250,000 and this would not add one additional bed, any additional nursing staff, or facilities for the admission of one additional patient. All committees of management had secretaries; in the local authority hospitals there was a secretariat to deal with financial and other matters; but the secretary envisaged by the memorandum would be responsible for the administration of the major departments of the hospital. He asked for support for the motion in order to maintain medical superintendents in their present position.

Dr. A. F. Dunn Carrie (Manchester) moved to insert the word "insist" for "ensure." Medical superintendents to whom he had spoken were very concerned at the possibility of direction from secretaries. They might or might not be medical men, but the salaries were such that they would not attract a medical man of any capacity and the appointments would fall into the hands of laymen. Dr. J. T. Milne (Manchester) seconded. Dr. P. Phillips (Bristol) said that although medical superintendents had an association of their own they should receive the support of the stronger parent body. Dr. MacArthur said that he would accept the amendment. Dr. I. G. Innes (East Yorks) supported the motion. There might be a few black sheep among the superintendents, but on the whole they collaborated with those who worked under them and their position should be maintained in its pristine glory.

Mr. R. L. Newell (Council) reminded the meeting of the present policy of the Association, which was (1) that the chief officer should be a medical practitioner with experience of hospital work, and (2) that the administrative head of a large hospital or groups of small hospitals should ordinarily be a medical practitioner, designated as medical superintendent. The first had been put into operation, but when one looked at the hospitals it would be realized that it could not be said dogmatically that the administrative head should be a medical man. Most voluntary hospitals had a lay superintendent, the medical staff being represented on the boards of management, and that would continue. If this motion was passed it would create a position of difficulty in putting it into practice. The Negotiating Committee had discussed it with the Ministry and he would like the matter to be referred back to Council for further consideration without coming to a definite decision this afternoon.

Dr. MacArthur, in reply to Mr. Newell, said that it was not the senior official of the regional hospital board but the secretary of the board of management to whom he was referring. In Scotland the medical superintendent was recognized as being the head of the hospital.

The suggestion that the matter be referred to Council was adopted.

NURSING

Dr. Mary Esslemont, chairman of the Nursing Committee, moved approval of the sections of the report under "Nursing."

She said that they had generous help from the British Hospitals Association, the Royal College of Nursing, the Medical Superintendents' Society, and King Edward's Hospital Fund for London. They had realized the need for putting forward something constructive. She drew attention to Appendix V which appeared in the Supplementary Report of Council (*Supplement*, May 29). She paid tribute to Dr. Macrae (Deputy Secretary) who had pulled the conclusions of the Committee together.

The Report was approved.

PUBLIC HEALTH

Dr. R. H. H. Jolly, for the Public Health Committee, moved approval of the section under "Public Health."

He referred to the illness of Dr. James Fenton, the chairman of the Committee, and said that all his friends would join in wishing him a speedy recovery. ("Hear, hear.") He outlined the work of the Committee as recorded in the Report. In connexion with diphtheria immunization the Ministry had

been informed that as the objective was the immunization of as many children as possible attention in propaganda should be directed equally to all agencies, including the family doctor, who could contribute to the achievement of that objective.

On the revision of the scale of fees for doctors called in by midwives the Association had succeeded in obtaining a revision which was 50%—or in some cases more than 50%—higher than in the regulations for 1939.

Salaries in the Public Health Service

Dr. J. C. Arthur (Gateshead) moved that in view of the present value of the pound as compared with 1939 the percentage increases in the salaries of whole-time medical officers of health are still inadequate. He said that the value of the pound might be assumed to-day to be 13s. as compared with 1939. If that was so the salaries of these officers should be increased by 50%, whereas the increase had been something like 25%. In proposing this motion they did not wish to criticize the negotiators and he wished them to make it clear to the people with whom they were negotiating that the present offer was not good enough.

The Chairman said that the negotiations had taken place with local authorities, and everyone knew that it was not an easy job to get increases out of them. He did want to emphasize the point that the interim scale only applied until the Spens Report had been applied in all types of medical remuneration, and the first case in which it would be so applied would be to medical officers of health. The Council would immediately take up the question with the Government and the local health authorities that the salaries of medical officers of health should be adjusted in the light of the new Spens Report on specialist remuneration.

The motion was referred to Council in the light of the Chairman's statement.

District Medical Officers

Dr. J. A. Moody (Stratford) moved to request the Council to give further consideration to the unfortunate position of medical officers who had lost their rights in superannuation owing to the National Health Service Acts and to take such steps that legislation might be promoted to restore those rights. He said that whilst appreciating the fine work which the Council had put in on behalf of the district medical officers and others not much reference had been made to the officer who had been doing full-time work.

The Chairman of Council said they had been as active in support of their medical officers as it was possible for them to be. They had pointed out the serious loss these medical officers were suffering. The reference in the motion was to loss of superannuation rights, but what these officers had lost was their job, and the Association had pressed most strongly that they should be compensated. The answer of the Government was that they were open to apply for other jobs, and that there was no valid claim for compensation. If the mover would substitute for the reference to superannuation the words "very unfortunate position" he would accept the motion on behalf of the Council.

The motion was accepted in the revised form.

Safe Milk

Mr. Lawrence Abel moved:

That this meeting is dissatisfied with the present position in the production and distribution of milk and requests the Ministries of Food, Agriculture, and Health to consult with the Committee of the Association in order that safe milk of high quality should be provided for the community and that the matter be treated with the utmost urgency.

He reminded the meeting that three or four members went with Dr. Fenton to a working party of the Ministries of Food and Health some eighteen months to two years ago, and last year the Representative Body was promised that a close watch would be kept on what happened. This had been done, but so far nothing had moved at all. He was informed that a new Bill would be presented to Parliament but that it was unsatisfactory. He had just come back from a country where all milk was pasteurized, where there were an enormous number of T.T. cows. On board ship they could not get milk, they could only get cream, and it was pasteurized cream at that. Throughout the length and breadth of North America one got unlimited supplies of sterilized or pasteurized milk in lavish quantities. In this country the record of tuberculous meningitis, of tuberculosis of bones and joints, was melancholy, and the crippledom still continued owing to the fact that nobody would be bothered to insist on the milk supply being safe and pure for the community. Why should the population be treated on a lower scale than that of other civilized countries of the world?

The motion was carried unanimously without discussion.

A motion by Nuneaton and Tamworth also relating to milk which was on the agenda under "Other Motions", was taken at this point.

Mr. Douglas S. Pracy moved:

That this meeting is not satisfied with the present supervision of production or distribution of foods of animal origin and asks the Council of the Association to approach the National Veterinary Association in order that a Joint Committee of the two bodies may investigate the matter and report to the proper authorities.

As an example of the present unsatisfactory regulations he said he knew of a farm where the standard was so low that the milk produced was not allowed to be sold, but the farmer's wife turned it into cheese which obtained first prizes at the county show. Little or no use was made of the present knowledge of animal health or physiology. Veterinary surgeons were anxious to play their part in this health service and felt that they had been neglected in the past. Better relations would be established with the farmers and other producers if the supervision of production was shared by veterinary surgeons and medical men rather than with sanitary officers as at present.

This also was carried without discussion, and the remainder of the report under the heading of "Public Health" as amended by Mr. Lawrence Abel's motion was adopted.

Dr. J. C. Arthur (Gateshead) moved that it should not be part of the duties of the public health staff to examine municipal employees for superannuation. He said that he understood that this practice was not universal, and he asked that the matter should be referred to the Council for investigation.

This was agreed to.

BRITISH MEDICAL JOURNAL

Dr. O. C. Carter, chairman of the Journal Committee, moved approval of the report under "British Medical Journal." He said that last week 65,000 copies of the *Journal* were posted, which constituted a record, and over 3,000,000, copies had been printed in the last year. The increase in circulation was due partly to the growth of membership of the Association and also to the increase in subscriptions from non-members. The dispatch of the *Journal* was the largest individual item handled by the Post Office, and arrangements had now been made to obviate the late arrival of the *Journal* consequent upon the printing being done in St. Albans. He asked any members who did not receive their copy until Monday to write to the Publishing Manager with the wrapper so that the delay could be looked into.

From the business point of view last year was extremely profitable; the excess of receipts over expenditure was £31,000. A new quarterly journal had been added—*The Journal of Clinical Pathology*. The difficulties with regard to paper had been overcome to some extent and the quarterly journals were now being produced to time; the circulation had increased and they were paying their way. The two Abstracts (the *Abstract of World Medicine* and the *Abstract of World Surgery*) had been well received and the circulation had reached the estimated figure by the end of the first year of publication.

Dr. J. W. P. Thompson had joined the editorial staff during the year. He wished to make reference to a very old member of the outside staff, Mr. Harry Cooper, who had been the official reporter of the Association since 1907; this year he was completing 41 years of service. (Loud applause.) His work was held in very high esteem; he was recognized as the most accurate medical reporter in the country; he was the *doyen* of his profession; and it was hoped that he would be with the Association for a long time to come.

Dr. Carter thought it would be agreed that the Association's publications held all that was best in British medicine and played a large part in advancing the medical and allied sciences and, in addition, furthered the reputation and prestige of the Association throughout the world.

The motion to approve the Annual Report under "British Medical Journal" was adopted.

FINANCE

Award of Association's Gold Medal to Dr. John W. Bone

The Chairman of Council announced that at its meeting that morning the Council decided to give Dr. Bone the Gold Medal of the Association.

This was greeted with applause, the audience standing to honour Dr. Bone.

The Chairman of Council said that it would be recognized that Dr. Bone was presenting the report for the last time as Treasurer. The Association's Gold Medal might be awarded to any person or persons "who shall have conspicuously raised the character of the profession by scientific work, by extraordinary special service or by services rendered to the British Medical Association." Dr. Bone's services were well known to all members, they had covered a very wide field and had been extremely valuable. It was with a great degree of sorrow that many of his old friends would see his official connexion with the Association broken, although he would be a member of the Council for a year as ex-treasurer. All would wish him a very happy time in his retirement from the arduous duties of Treasurer and would extend to him best wishes with the Gold Medal, which would be presented to him at an early opportunity.

Dr. J. W. Bone thanked the Chairman of Council for the many kind things he had said about him and the members of the Representative Body for the very kind way in which they had received the news that the Council had been good enough to award him the highest honour that the Association could offer. It had given him more pleasure than any words could convey.

He proceeded to move that the report of Council under the heading of "Finance" be received.

For nine years, said Dr. Bone, he had presented a report which was received in dead silence, and he hoped that there would be some comment on this occasion. Referring to the balance-sheet, he said that the Association's property in Tavistock Square and Edinburgh was very valuable, far beyond that set out in the accounts. The older members would have noticed that the form of the balance-sheet had been changed; this was due to the operation of the new Companies' Act. The investments could be sold at £175,000; the shares in the Medical Bureau were good value, although it might now disappear. Sinking fund policies amounting to £50,000 had been effected against the day when the lease of the buildings in Tavistock Square terminated, in about 200 years' time. The assets totalled £609,000 on paper, but the actual value was much more than this. Liabilities were fully covered and included reserves for contingencies, regional offices, loans, taxation, and so on.

The subscriptions (£138,100) were a record. The total income of the Association was £169,000, but under almost every category expenses had increased. He commented on the great services of the Library and the satisfactory state of the *Journal* finance. He wound up his financial statement with a word about the future. It must not be forgotten that although the Association had large funds it had also large commitments. They were hoping to complete the south wing and to put the building into proper repair. The Empire Medical Advisory Bureau would be of great help but also a considerable expense. He was happy to be able to hand over to his successor the financial position of the Association in a thoroughly healthy condition. Finally, the Independence Fund had now been found to be unnecessary and was gradually being wound up.

The Finance Report was approved.

THE ASSOCIATION BUILDING

Mr. Dougal Callander, for the Building Committee, moved approval of the report under "Building." He said there had been a limitation in the amount of work which could have been done owing to the lack of licences. With regard to the south wing an application was being made for a licence, and it was hoped to proceed with this work. He spoke of the value of the work which had been given by Mr. Giles, the Accountant, in connexion with the building.

This section of the Report was approved.

MEDICAL ETHICS

Dr. N. E. Waterfield, chairman of the Central Ethical Committee, moved approval of the report under "Medical Ethics." He said that the length of the Report had no relation to the large amount of work undertaken by the Committee. A close liaison had been set up with the dental profession—not only the British Dental Association but also the two other bodies.

With regard to the agreed statement concerning the Churches' Council of Healing, this set forth the role for the doctor and the minister in relation to the treatment of the sick. The representatives of the Churches' Council were very friendly and came to the Conference with ideas very similar to their own. It was found easy to draw up the statement which was included in the Report. There was set forth in the statement the methods by which co-operation between the medical man and the minister of religion at the periphery might be established, and it was hoped that attention would be paid to them.

This portion of the Report was approved.

CORONERS' LAW

Dr. R. A. Forbes, chairman of the special committee on the Coroners Acts, introduced the section of the report headed "Coroners Acts" with its several recommendations. The recommendations were fully set out in the *Supplement* of April 10 (pp. 84—87), and were now moved separately. He desired to make clear to the Representative Body that a considerable amount of work had been carried through by the Committee in the preparation of this Report. It was just over two years ago since the Committee was appointed with the object of reviewing the procedure pertaining to the Coroners Acts and the facilities available. The Coroners Society appointed several notable coroners to sit on the Committee, and much individuality of expression took place, so that at one time it looked as if there might be as many reports as there were members. It was appreciated that there were peculiar difficulties in carrying out the coroner's work and that doctors did on occasion come into conflict with coroners as a result of misunderstandings, sometimes on the one side and sometimes on the other. It was also appreciated that many of the reforms now being proposed would call for amending legislation.

The report was sufficiently full to enable him to pass quite quickly through the recommendations. The first recommendation proposed that the most suitable persons for appointment to coronerships were those possessing a dual qualification in medicine and in law; also that steps should be taken to secure a merger of coroners' jurisdictions in natural areas large enough to warrant the appointment of whole-time coroners.

Dr. A. W. Gardner (Brighton) moved a slight amendment to para. 111 of the Report which stated that comments on the conduct of persons who came under notice at inquests should be discouraged. He desired to insert the word "adverse" before "comments," for the statement as it stood would seem to rule out commendatory remarks concerning the police and others.

Dr. Forbes accepted this amendment. He said the reason for the statement was that it was recognized that there was a tendency on the part of some coroners to make animadversions on the character and conduct of certain persons whose names might be mentioned during the holding of an inquest.

Inquests and the Press

Dr. Forbes, in presenting a further recommendation that in the case of an inquest on a "suicide" the Press be prohibited from publishing an account of the proceedings and permitted only to publish the fact that an inquest had been held, the name and address of the deceased, and the verdict that the deceased died by his own hand, said that there was here no intention to limit the freedom of the Press, but there were many cases in which the publication of details of inquests had been painful to relatives and had also brought about imitative suicides.

Dr. F. E. Gould (Birmingham) considered that for the Representative Body to suggest a limitation of Press freedom was not conducive to good relationships with the Press, and he asked for a vote against this recommendation.

Dr. Doris Odlum (Bournemouth) said the last thing they desired was to interfere with Press freedom, but there was a great point in this proposal. As a psychiatrist she knew the bad effect of the publication of suicide details so far as unstable personalities were concerned.

Dr. J. A. Gorsky (Westminster and Holborn) asked the meeting to support the recommendation. He reminded the meeting that the Press were already precluded from publishing proceedings in divorce cases and in juvenile courts. He knew with what frequency a suicide by means of gas or by hanging was followed by another suicide of a similar kind.

Dr. Forbes said that the Departmental Committee had before it a considerable volume of evidence from medical men to the effect that the reporting of these intimate details which were disclosed at inquests had a bad effect on relatives and others.

The recommendation was carried.

Mortuary Accommodation and Pathological Facilities

Further discussion took place on the series of recommendations concerning mortuary accommodation and pathological facilities. Sections (iv), (v), and (vi), which were the subject of amendments from the meeting, read as follows:

(iv) That mortuaries be established at central points in each coroner's jurisdiction, under the control of the local health authority, equipped with refrigeration and a separate viewing-room for relatives, the post-mortem rooms being furnished with good lighting, heating, and an ample supply of running water, and with facilities for histological examinations and the proper collection of specimens for toxicological examination; that the assistance of trained mortuary attendants be made available; that adequate transport facilities for bringing cadavers to the central post-mortem establishment from outlying mortuaries be provided.

(v) That in general local hospital mortuaries be not utilized for this purpose.

(vi) That in view of the need for reorganization of the country's mortuary accommodation on the foregoing lines the Minister of Health be pressed to give the matter urgent consideration in connexion with the present building programme.

An amendment stood in the name of South Staffordshire, Swansea, Coventry, Gloucestershire, and Hastings to omit Section (iv) of this recommendation (except for the reference to transport facilities). The original recommendation called for the establishment of mortuaries at central points in each coroner's jurisdiction, under the control of the local authority, and laid down certain provisions with regard to their equipment.

Dr. W. V. Howells (Swansea), in moving, said that having agreed that there should be proper facilities for post-mortem examination it was only reasonable that there should be proper facilities for pathological examination and there was no reason why this should not be arranged in the same building.

Dr. Forbes said that it was proposed that properly equipped units should be set up, probably a unit at a large hospital. His proposal did not exclude hospitals but it made for centralization of the work, which was what the Pathological Group Committee asked should be provided in 1946, and which was agreed to by the Representative Body in that year.

Dr. J. A. Gorsky (Westminster and Holborn) asked the meeting to support Dr. Forbes in this matter and that Swansea should withdraw their amendment. Mortuary accommodation was under the control of the local authorities at the moment and difficulties would arise if they asked for all cases of post-mortem examination to be done at the hospitals. There would have to be clarification and modification of the Public Health Acts under the National Health Service, and if the matter was left for twelve months it would resolve itself.

Dr. J. Ewart Purves (Bromley) said that it was much more economical for the pathologist to "go to the corpse"; and if the matter could be ironed out in the next year so that regional hospital boards could be persuaded to take over this work and see that the work of the pathologists was kept together the pathologists in his area would be satisfied.

Dr. Howells regretted that he could not withdraw the amendment, which, on being put to the vote, was lost.

Mr. C. G. Schurr (Brighton) moved to add the following words to Section (iv) of the recommendation: "Such facilities [facilities concerning mortuaries and their service] being usually or desirably available in the larger hospitals." He said that a body could not be moved from the area of one coroner to another, but this did not affect the main idea that the work could be most efficiently done in a large hospital where the pathologist worked in proper surroundings and had all the equipment he needed.

Dr. Forbes did not appreciate the drift of the amendment and did not think it would have any effect on the proposition before the meeting. The difficulties of transference of a body from one coroner's jurisdiction to another were insuperable.

The amendment was lost.

Dr. W. Smith (Greenwich and Deptford) moved that the words "under the control of the local health authorities" be omitted. Many hospitals had adequate facilities; that adequate facilities should be made available everywhere would be agreed, but he was alarmed that it should be under the control of local health committees.

Dr. Michael Evans (Lewisham) seconded.

Dr. Forbes said that he would be happy if it was possible to accept such an amendment. The coroner was an independent legal entity and it was to the local authority that he must look and only the local authority could provide the mortuaries to which reference had been made.

Dr. Smith, in reply, said that if possible he would like his amendment to be referred to Council for investigation.

The amendment was lost, and Section (iv) was adopted.

Dr. Forbes asked for permission to withdraw Section (v) for reconsideration by the Council in view of the observations made in the Press, in correspondence, and in conversation with pathologists generally.

This was agreed to.

In moving the acceptance of Section (vi), Dr. Forbes said that this ground had been traversed more than once. More than one committee was in open competition on the matter of priority in building. The best thing to do was to get whatever priority was possible, and that was all for which he was asking.

Dr. H. G. Dowler (Gloucester) moved an amendment that this section be struck out as this was a most unsuitable time to make such a request. Dr. Forbes said that no reasons were given as to the unsuitability and he asked the meeting to vote for the proposition.

The amendment was lost and Section (vi) was adopted.

Dr. Forbes then moved the two remaining sections, that wherever possible the date, time, and place of the necropsy and inquest should be notified to the practitioner in attendance on the deceased and that he should be furnished with a copy of the report of the examining practitioner. These were carried.

Dr. Forbes, as a final recommendation, moved:

That as an interim measure urgent consideration should be given to practical steps for mobilizing pathologists and enabling them to travel to the various outlying mortuaries with fully equipped motorized laboratories.

In view of the propositions which had already been carried, he said that this motion would seem to be somewhat illogical because it was a proposal to mobilize pathologists so that they could travel to the outlying mortuaries with laboratories to enable them to carry out their post-mortem examinations. This was a matter of some contention, but as practical men of affairs they had to have regard to what might be done in the immediate future and in the more distant future. The coroners were anxious that the need for something to be done in the immediate future should be submitted.

The motion was vigorously opposed by several speakers, and Dr. Forbes asked, in view of the opposition, that it should be referred to Council. This was agreed to and the remainder of the Report under "Coroners Acts" was approved, the Chairman commending Dr. Forbes's handling of a very complicated set of propositions.

ORGANIZATION

Dr. J. A. Pridham, chairman of the Organization Committee, moved that this part of the Report be received.

Dr. A. Macleod (Outer Isles) wished to make some observations on Para. 131 of the Report. He said that the overseas representatives had emphasized the far-flung nature of the

administration of the Association and the variations in the requirements of the Colonies. Requirements at home also varied, and some in the remote areas were contrary to those of the main body. The anxiety of the Colonies added to their responsibilities in this matter and every endeavour must be made to give the service which suited every community. It was established earlier in the week that the Association was primarily a scientific body, and the Association should approach this matter in a scientific manner and be second to none in serving the needs of the communities which differed from the mass. The regions into which the Association was divided would be better served by secretaries who were general physicians rather than specialists. No one wished to approach different secretaries on different matters.

New Central Consultants and Specialists Committee

Dr. J. A. Pridham moved a recommendation to give effect in the by-laws to the proposals for the establishment of a Central Consultants and Specialists Committee in place of the two existing Consultants and Specialists and Hospitals Committees. He asked permission to change the terms of reference so that they read as follows:

To consider and act on all matters affecting those engaged in consultant and specialist practice, including matters arising under the National Health Service Act and any Act amending or consolidating the same and to watch the interests of consultants and specialists in relation to those Acts.

This was agreed to.

Dr. W. D. Steel (Worcester and Bromsgrove) moved that the constitution of the new committee should include four extra representatives who were engaged partly in consultant and specialist practice and partly in some other branch of medical practice, two to be elected by the Representative Body and two otherwise appointed. He said he wished to safeguard the position of the general practitioner specialists who were at the moment doing a great deal of the work at the provincial hospitals. Their position with regard to representation had been greatly improved, and so far as regional committees were concerned they were satisfied, but in the Central Committee their representation was only one-thirteenth. If that Committee membership was increased by four it would decrease the disparity.

Mr. A. M. A. Moore (Council) pleaded that the Representative Body should not accept this amendment. The new machine was set up on Saturday, and he hoped nothing would be done to alter it at the present time. If in a year's time the general practitioner specialists felt that they were inadequately represented he hoped they would bring the matter forward.

In view of Mr. Moore's appeal Dr. Steel asked for permission to withdraw his amendment, which was granted.

The Chairman of Council said that, at this moment when the Representative Body had accomplished the setting up of new and autonomous machinery to deal with the problems of consultants' and specialists' practice, he would like to say a few words to enforce the usefulness and importance of this new development. The full confidence of all consultants and specialists in the power of the Association to look after their problems in the same way as it had looked after general practice up to this moment must be attained. It had been a difficult matter to get this established, and he would point out to consultants and specialists—not only those present, but especially those who were not—that they now had an autonomous machine capable of looking after their interests and deriving its power from the periphery, from the people who were actually doing the work, and not from a central caucus set up in London or anywhere else. It would include members and non-members of the Association; all people on the staffs of hospitals as consultants and specialists would vote in the setting up of the duties and of the machine. It did not matter whether they were Fellows or Members of any particular College; all who were members of the consultant and specialist services would have their voice in the conduct of their affairs.

This was a very important step; it was the only possible way in which consultants and specialists could be properly brought into contact with the power of the Association, and he hoped they would give it their full support. This could be put into immediate operation, and steps would be taken at once for the election of the various committees and the setting up of the Central Committee in time to start work at the beginning of this session.

Mr. I. Simson Hall (Edinburgh) moved an amendment designed to alter the method of appointment to the Committee of representatives of consultants and specialists practising in Scotland. The original recommendation laid it down that the method should be determined by the Council after receiving recommendations from the Scottish Committee.

He moved that the following should be substituted:

"Persons engaged exclusively or predominantly in consultant or specialist practice, not being more than 10 in number, appointed by the consultants and specialists (including hospitals) subcommittee of the Scottish Committee."

This was proposed because it was not thought that the representatives of the Royal Colleges should be subject to having the method of their appointment determined by the Council. He added that it had been mentioned on the previous day that the Royal Colleges were desirous of forming their own organization for the furtherance of the affairs of consultants and specialists. In Scotland that condition so far had not obtained. The Royal Colleges had in the past given them the utmost help and co-operation. They had left to the Association representatives the affairs which were properly those of the Association and had confined themselves to educational and academic matters which belonged of right to them. He hoped that nothing would be done to upset the arrangement.

Dr. Pridham saw no objection to the amendment, which was accepted.

Affiliated Membership, Etc.

Dr. Pridham further moved the necessary formal amendments to provide for affiliation between the Association and the Medical Association of South Africa, also for adjusting the titles, terms of reference, and composition of certain other committees, and for certain other matters.

These amendments were agreed.

Honorary Secretaries

Dr. Pridham said that the honorary secretaries of the Association had had an extremely busy time, and the success of the work of the Association during the last session was largely due to them. No Secretaries' Conference was being held at Cambridge, the secretaries having themselves decided to hold their conference at a date unconnected with the Annual Meeting. He suggested that from the Representative Body a vote of thanks should be accorded to the secretaries for their work.

This was done by acclamation.

Dr. Pridham further stated that the system of dividing the country into regions had worked admirably. There had been no complaint from the Divisions and Branches. He spoke of the creation of regional offices—offices in each area which would deal more or less centrally with a great amount of correspondence.

Membership of the Representative Body

Dr. H. G. Dowler (Gloucestershire) moved that the Council be asked to consider the following proposal:

That in view of the unduly large membership of the Representative Body resulting from the present satisfactory membership of the Association, but leading to great overcrowding of the meetings, by-law 40 (2) be altered to read: "Each constituency in Great Britain and Northern Ireland having not less than 200 members (according to the annual list in force at the time of the election) shall be entitled to elect one additional representative for each complete number of 150 members in excess of 50 members."

He said that this amendment put forward a definite plan for reduction of size of the Representative Body. The Representative Body was now unwieldy, and the difficulties under which it worked were illustrated at the recent Special Representative Meeting.

Dr. A. G. Manley (Richmond) held that the by-laws should be altered only when there was good reason for doing so. Was it the opinion of the proposers of this amendment that a better democratic representation would be obtained in this way? The smaller Divisions were placed at a disadvantage by having only one representative, and some of them had increased their membership with a view to obtaining an additional representative.

Dr. Pridham said he was in some sympathy with the resolution. The Representative Body had reached a size which was a little difficult to handle. The matter was entirely one for the Body itself to decide.

Dr. W. D. Steel (Worcester) said that this might well be considered in connexion with the decentralization of the organization of the profession. He begged that this should not be put through in a hurry.

Dr. Dowler said he had brought this forward only as a suggestion for the Council to consider.

The Gloucestershire motion was lost.

The meeting adjourned at 5.45 p.m.

COUNCIL ELECTIONS

During the course of the Annual Representative Meeting the following members were elected to Council:

Representatives of R.A.M.C. and R.A.F.M.S.

Major-General Sir Percy S. Tomlinson
Air Commodore J. Kyle.

Twelve Members by Grouped Representatives of Constituencies in Great Britain and Northern Ireland

Dr. O. C. Carter	Dr. G. MacFeat
Dr. H. R. Frederick	Mr. R. L. Newell
Mr. A. Staveley Gough	Dr. J. G. Thwaites
Dr. I. Simson Hall	Dr. H. Vickers
Dr. J. M. Hunter	Dr. S. Wand
Dr. I. G. Innes	Mr. A. Dickson Wright

Eight Members by Grouped Branches not in Great Britain or Northern Ireland

Mr. A. Lawrence Abel	Dr. R. G. Gordon
Dr. A. Beauchamp	Dr. J. A. Gorsky
Dr. R. Forbes	Dr. J. A. Ll. Vaughan Jones
Dr. P. J. Gibbons	Mr. Weldon Watts

THE REPRESENTATIVES' DINNER

At the close of the first day of their meeting the representatives dined together in Cambridge, especially to do honour to their retiring Chairman, Dr. J. B. Miller. The toast of Dr. Miller's health was proposed in a witty speech by Dr. C. W. Walker, one of the representatives of the Cambridgeshire and Huntingdonshire Branch. The Chairman of the Representative Body, he said, was not so much concerned with guiding the policy of the Association as with restraining its passions. Dr. Miller had shown himself fair and impartial to representatives, some of whom possibly were prejudiced, patient when they were restive, polite when they were rude, and, moreover, he had a thorn in his tongue to prick them when they were lazy or bored.

Dr. Miller, who was given a rousing reception, with musical honours, made a humorous reference to his days as a first-year student in an ancient northern university, where the refectory was in the "bones room" of the anatomy department, and the students had their meals while surrounded by "the skulls of deceased professors and notorious criminals, but one could tell at a glance which was which, because they had been carefully labelled by the curator." For three years, Dr. Miller continued, he had been Chairman of the Representative Body, and he supposed that never in its forty years' history had there been a more eventful time. Seven meetings had been held; some of them, owing to exigencies of time and space, had been perhaps rushed, though the business for which the meeting was called was always decided, thanks to a core of experienced members who never appeared on the platform but made up their minds and voted uninfluenced by eloquence of any kind. This was the last Representative Meeting at which he would take the chair. He would miss the experience, but it was only right that the chair should go round, and in Dr. Gregg he had a very able successor.

About 360 attended the dinner, and the guests included the ladies accompanying representatives.

LANTERN LECTURE ON CAMBRIDGE

His Worship the Mayor (Councillor G. F. Hickson) gave a very interesting lantern lecture on Cambridge to an appreciative audience of about 300 doctors and their wives on Saturday, June 26. He traced the history of the town from its earliest days, but devoted the major part of his lecture to the origin of the University, which seems to have begun with the migration of students from Oxford during the reign of King John. The architecture of the various colleges was explained in some detail, and Councillor Hickson concluded by reminding his audience that, far from being the somnolent backwater that many from a distance imagined it to be, Cambridge was keeping itself abreast of the times in all its activities. Sir Lionel Whitby (President-Elect of the B.M.A.) thanked Councillor Hickson, on behalf of the audience, for a very instructive and entertaining evening.

LUNCHEON TO REPRESENTATIVES FROM OVERSEAS

On the opening day of the Representative Meeting a luncheon to Overseas Representatives was held at the Pitt Club, Cambridge. The company numbered 37, the hosts being the Officers of the Association and the Chairmen of the Organization, and Dominions, India, Colonies, and Dependencies Committees.

Sir Hugh Lett, President of the Association, was in the chair. In extending a cordial welcome to the guests he referred to the ties of affection and friendship which had always existed between the Association at home and its members overseas. The Council of the Association felt that this relationship should be strengthened and perpetuated. As a result two developments had taken place. The first was the formation, with the approval of the Dominions, of a British Commonwealth Medical Council, composed of representatives from each of the Dominions and holding its meetings in various parts of the world. The first meeting of the Commonwealth Council would be held at the time of the next meeting of the World Medical Association in September. The second development was the formation of an Empire Medical Advisory Bureau at B.M.A. House in London, one of the purposes of which was to concentrate information regarding postgraduate facilities in this country and to direct practitioners to the instruction most suitable for their needs. It would also promote social contacts and hospitality for members from overseas. Dr. H. A. Sandiford had been appointed Director of the Bureau, which would be declared open during the next few weeks. It would be helpful to Dr. Sandiford in carrying out his duties if visitors would give reasonable notice of their arrival and bring an introduction with them. Dr. Sandiford, in a few words, said he would like to reinforce the remarks of the President and to stress the desire of the Council to make the Bureau effective and successful.

Dr. Masood Ahmad (Punjab), on behalf of the overseas representatives, thanked Sir Hugh Lett for the hospitality extended to them and for his remarks. He thought the gesture now being made would help to remove many misunderstandings and difficulties among overseas members.

TRADE UNION MEMBERSHIP

The following is a list of local authorities which are understood to require employees to be members of a trade union or other organization:

Metropolitan Borough Councils.—Fulham, Hackney, Poplar.

Non-County Borough Councils.—Dartford, Radcliffe (limited to future appointments), Tottenham, Wallsend.

Urban District Councils.—Denton, Droylsden, Houghton-le-Spring, Huyton-with-Roby, Portslade, Redditch (restricted to new appointments), Tyldesley.

REFLECTIONS ON SUPERANNUATION

BY

A. N. DIXON, A.C.I.I.

Manager, Medical Insurance Agency

The National Health Service Superannuation Regulations give rise to two distinct problems: first, the position of the established practitioner who has already made some provision for himself by means of life assurance, and, secondly, the considerations confronting the new entrant without any such provision behind him. In order to follow the arguments advanced* it is essential for the reader to have a clear grasp of the main provisions of the scheme; while the official version runs into 88 closely printed pages, the following précis will provide the essentials.

The scheme is divided into two main categories: (1) the central health services scheme, (2) the local health services scheme.

Central Health Services Scheme, as seen from the medical point of view, applies to two main groups: (*a*) doctors employed by the Regional Hospital Boards, teaching hospitals, and bodies formed under the Act, excluding local authorities (these are mainly the salaried groups and whole-time specialists); (*b*) practitioners on the Executive Council lists—i.e., general practitioners, their assistants, and part-time specialists.

Local Health Services Scheme.—Medical officers employed by local authorities who are subject to the Local Government Superannuation Act, 1937, or to certain local Acts. It is intended that the benefits shall be replaced by the Central Health Services Scheme (Group (*a*)), though existing officers may opt to continue under present arrangements.

Outline of Benefits

Pension.—Group (*a*), 1/80th of "average remuneration" for each year of contributing service; maximum, 40/80ths. "Average remuneration" is the average of remuneration during the last three years. Group (*b*), 1½% of total remuneration for each year of contributing service; maximum, last 40 years to count. Pension is payable on retirement at or after age 60 after not less than 10 years' service, or on retirement on permanent incapacity after 10 years.

Retiring Allowance.—A cash sum equal to, if married, one year's pension; if unmarried, three years' pension (deductions are made in the case of a widower or divorcee for the married period of service).

Injury Pension.—Granted at the discretion of the Minister in the event of permanent incapacity through accident or injury in the discharge of duty.

Widow's Pension.—One-third of the pension the husband is getting or would have got had he retired the day before he died—subject to reduction or increase if there is more than two years' disparity in age.

Death Gratuity.—A sum equal to the greatest of (1) 3/80ths of "average remuneration" for each year of service in Group (*a*) or 4½% of each year's remuneration in Group (*b*), or (2) the doctor's contributions with compound interest, or (3) "average remuneration" during the last three years:

Except that, where the widow's pension becomes payable, the death gratuity (Group (*a*)) is 1/80th of "average remuneration" for each year of service, or (Group (*b*)) 1½% of each year's remuneration—i.e., the equivalent of one year's pension at the date.

This benefit is payable after five years' service on death either (*a*) in service or (*b*) after retirement on age, incapacity, or injury, in which case *benefits already paid* are deducted from the death gratuity.

Short Service Gratuity.—A sum equal to "average remuneration" payable on retirement on permanent incapacity after five but less than 10 years' service.

Return of doctor's contributions with compound interest at 2½% is payable on resignation or dismissal, when no benefit or transfer fee is payable, or on death where no death gratuity or widow's pension is payable.

*Examples quoted are drawn throughout from the official booklet "Superannuation Scheme for those engaged in the National Health Service."

Definitions

It might be desirable at this stage to state two definitions which affect an analysis:

Contributions.—Employee's contribution is 6% of remuneration; employer's contribution is 8% of remuneration. *Remuneration.*—This includes the money value of residential emoluments or other allowances in kind, but it does not include travelling expenses or payments to cover the cost of office or laboratory accommodation or clerical assistance, and in the case of medical practitioners it excludes "practice expenses" at a percentage to be determined by the Minister.

Let us now proceed to an objective examination of the merits and demerits of the scheme.

Comments on Scheme

Pension.—The end-result is undoubtedly satisfactory, and actuarially 80% of a normal cross-section of entrants may expect to reach pension age. Points to be considered are that the pension is subject to tax and that there is no option to take a capital sum in lieu of pension payments. To those in doubtful health at retirement and to others preferring personal control of their own capital, this may be somewhat unattractive. Early death after retirement shows financially a very poor return.

Retiring Allowance.—To most people some capital at retirement is a necessity, and it is doubtful if the retiring allowance adequately meets the case. This difficulty may, of course, be overcome so far as general practitioners are concerned by the compensation value of their practices, but nevertheless some outside provision should be made in other cases.

Widow's Pension.—It is at this section of the scheme that some criticism can be levelled; in fact, the widow's pension is inadequate at all periods as a means of livelihood. Let us consider the position in the following events:

(*a*) *Death before Retirement.*—It will be seen that in most cases *no widow's pension* is payable until 10 years' service is completed, and subsequently only a small amount becomes payable on qualification. Unfortunately the period of minimum benefit is likely to coincide with one of major family obligations.

(*b*) *Death after Retirement.*—Here perhaps an illustration extracted from the official publication will suffice to show the danger. Dr. M., aged 35 and married, enters the Service on July 5. He remains as a practitioner until 65 and then retires, his total remuneration during service amounting to £36,000 after deduction of practice expenses. He receives a pension of £540 (1½% of £36,000) and a retiring allowance of £540. Should he die at 67 his widow would receive a pension of £180 per annum. Assuming Dr. M. to be earning approximately his maximum at retirement, the sudden fall within two years, first to pension and then to £180 per annum, may spell disaster for the widow. It throws into strong relief the comments already made (under "Retiring Allowance") about the desirability of capital at retirement. This is a very real danger, because actuarially, of husbands aged 65, about two-thirds will predecease their wives.

Death Gratuity.—This is an attractive additional benefit but insufficient to affect the main argument. In the case of the married man dying *in service* it may amount in maximum to a cash sum of one year's pension at the date, whereas after retirement its value will disappear within the first year.

Subsidiary Benefits (Injury Pension, Short Service Gratuity, and Return of Contributions, etc.).—Little comment is needed here because the benefits, while acceptable, provide for contingencies so remote as to carry little weight in the general balance.

Opting Out.—Under Section 38 (3) (m) of the Regulations a practitioner on the Executive Council list may, within three months after the appointed day and under certain considerations, opt out of the scheme in favour of broadly similar provision under life assurance contracts. The detailed terms are contained in leaflet S.D.D., obtainable from Executive Councils, of which the following are the most important provisions:

(1) Policies to be recognized must be endowment assurances or deferred annuity contracts and they must not mature at an earlier age than 60. Policies effected under the B.M.A. and N.H.I. Practitioners Pension Schemes would be considered under this heading.

(2) The premium or total premiums must not be less than £150 per annum. Alternatively, if the total premiums on existing policies are less than £150 but not less than £50 per annum, these policies will be recognized on condition that further contracts are taken forthwith to bring the total premiums to £150 per annum on policies satisfying the conditions in (1) above.

(3) A policy maturing at an earlier age than 60 will be recognized if the terms are amended so that it matures at 60 or later.

(4) Payment by the Minister of an amount equal to 8% of remuneration will continue only so long as premiums on the life policies continue to be payable.

It will be noted that the practitioner must be paying premiums of at least £50 per annum on a "recognizable" policy to qualify for opting-out, and he must also fulfil the other details required.

It may now prove interesting to follow the progress of Dr. M. up to retirement, comparing his position under the two alternatives. In the following table it has been necessary to make certain assumptions: (i) The comparison is based on a level income throughout, as it is impossible to estimate unknown future increments. However, it must be clearly understood by anyone deciding to opt out that increases in income *should be* followed by incremental policies if the alternatives are to be kept on a parallel footing. (ii) The life assurance aspect is based on the minimum total premium allowed —viz., £150 p.a. Policies are assumed to have been effected on the day before entry, and consequently the position as shown is altered in favour of the life assurance method the longer existing policies have been in force. (iii) Under the National Health Scheme the doctor's contributions rank for *full relief* of tax (very important), while under life assurance they rank only for reliefs within the statutory limitations, the maximum relief from 1949–50 being two-fifths of the standard rate of tax. In the example given it has been assumed that income tax over the period will average 7s. in the £, in which case the net cost to Dr. M., resulting from reliefs, will be the same for contributions under the Scheme (£168) as for life assurance premiums of £150 p.a. (iv) In order further to facilitate comparison the life assurance benefits are expressed as cash and pension in the same proportions as given by the National Health Scheme, although of course the sum assured could be taken in any proportions desired, or as a lump sum.

Dr. M., 35 at entry. (Mrs. M., same age). Income £1,200 p.a. (after expenses deducted).

	N.H. Scheme	Life Assurance
Total Contributions:	£168 p.a.	£150 p.a.
Dr. M.'s share:	£72 p.a. with full tax relief.	£54 p.a. with 2/5ths tax relief.

Years of Service	Death			
	National Health Scheme		Life Assurance £150 Premium = £5,000 Sum Assured	
	Cash	Widow's Pension*	Cash	Widow's Pension
	£	£	£	£
1	72		5,000	
3	223		5,000	
5	1,200		5,000	
10	180	plus 120 p.a.	330	plus 220 p.a.
15	270	,, 120 ,,	520	,, 230 ,,
20	360	,, 120 ,,	720	,, 240 ,,
25	450	,, 150 ,,	810	,, 270 ,,
30	540	,, 180 ,,	930	,, 310 ,,
	Retirement at age 65			
	Cash	Pension†	Cash	Pension†
	£	£	£	£
30	540	plus 540 p.a.	380	plus 380 p.a.

* A minimum clause is applied under 20 years' service.
† On death after retirement at 65, widows' pension reduced to one-third.

Broadly, the position now disclosed is that up to retirement the life assurance method has certain undoubted advantages, whereas after retirement, for the practitioner in normal health, the reverse is the case. Where the expectation of life is impaired, the facility of taking a cash sum under a life contract has very obvious advantages. These general findings are broadly true of all ages, but the life assurance method may have additional attractions if there are policies of long standing to be taken into account.

The decision on whether it is wise to opt out is not easy and it is one that only the individual himself can make. Probably the choice will be determined largely by the "shape" of the scheme preferred, that is, whether it is the end result or the over-all appearance which is the predominating factor and which makes the greater appeal. This article is written simply to throw some light on the various issues involved in making a decision, and it should be remembered, for good or ill, that the scheme is subject to review every seven years.

Here it may be opportune to remove one misconception which has arisen from the Regulations. Many doctors believe that there is provision under the scheme for the payment of sickness benefit. This is not so. No income benefit is payable except on retirement on permanent incapacity after 10 years of service. It is therefore just as necessary now to make personal provision for this eventuality as it has ever been in the past, but anyone opting out should remember that it applies with even greater force in such a case.

Finally, it seems desirable to refer to the position of all established practitioners entering the scheme, and particularly to the position of the new entrant. Clearly there is insufficient cover available at any time to provide a livelihood for a widow or family, and this applies with almost equal force whether death occurs early or late, and steps must be taken to make the necessary provision. Many types of policy already exist to meet these needs, and new forms have been developed specifically to dovetail in with the scheme itself. Those doctors without cover at all would be well advised to make inquiries. On the other hand, those holding existing policies undoubtedly ought to continue with them so as to reinforce the provisions of the scheme, not only for the benefit of their families, but for their own additional requirements on reaching pensionable age. Obviously, many other purely personal considerations must arise on which it is impossible to comment in an article of this nature. If, however, the broad issues are clearly shown, then at least there will exist a basis on which to form a decision on both the questions of "opting-out" and of extra provision.

MEDICAL PRACTICE IN SOUTH AFRICA

BY

A. H. TONKIN, M.B., B.Ch.

Secretary, Medical Association of S. Africa

At the meeting of the Federal Council of the Medical Association of South Africa, held in Johannesburg at the end of February, 1948, grave misgivings were expressed regarding the prospects of the many doctor settlers who are continuing to enter the Union from overseas. It is recognized that many who have already arrived have settled down and are building up practices; but it would seem that the number of medical men entering the country is out of proportion to the number of other settlers. Most of them are naturally unilingual, and until they are able to become conversationally bilingual at least the country districts present difficulties. The coastal areas and the larger cities are thus in danger of becoming overcrowded, and the newcomer is having a more difficult time in establishing himself. In addition, the three medical schools of the Union are estimated as producing between 250 and 300 new graduates each year, and this number annually will be seeking practices and appointments. Inevitably the majority of these younger men enter general practice and the number of appointments available to them is limited. Even the extension of the health centre system will not make a great deal of difference, as the gradual development of these centres, reaching a maximum of, say, 400 in the course of time, will absorb only a certain number of the annual output of local graduates.

It is a matter of time before the new medical school for non-Europeans at Durban will be sending its graduates out into the world, and although there is vast scope among the native population for medical practice it is not of the kind that will produce a reasonably lucrative practice. It will probably mean that a number of the non-European graduates will have to be employed in the Government's health centres as medical officers, with a probable diminution in the number of posts available to European practitioners.

It would be as well to consider the fact that South Africa has a population of roughly 2½ million Europeans, 1 million coloured and Asiatic persons, and 8½ million natives. Of these the natives pay taxes, which, together with considerable sums from general revenue, are devoted to native administration and

welfare. The coloured and Asiatic persons are also to some extent a charge on the State so far as taxation is concerned, and at the most about 1½ to 2 million Europeans are affected by direct taxation and in a position to pay their own doctors. Of these the majority are found in the urban areas.

As there were 5,013 medical practitioners registered as at Dec. 31, 1947, it would seem that the ratio is reasonably satisfactory from the economic point of view at present. During 1947, 443 medical practitioners were registered or re-registered, and of these 282 had received their qualifying degrees in South Africa. If the normal increase in the number of medical practitioners is to remain in the neighbourhood of 400 per annum it would appear that it will not be long before doctors in South Africa will be forced to emigrate if they are to continue the practice of medicine.

There is a tendency at present towards some form of national health service, although progress is slow. In any case the number of underprivileged persons requiring help makes such a service imperative sooner or later.

Medical practice is divided generally into the two classes general practitioners and specialists, the latter being about one-eighth of the total number of practitioners on the *Medical Register*. The *Specialists' Register* was instituted about ten years ago at the request of the Medical Association of South Africa, but with the rapid strides recently made in the theory and practice of medicine it has been found necessary to tighten up the rules for the registration of specialists to such an extent that it is now very much more difficult to acquire legal recognition as a specialist. (Inquiries regarding ordinary medical registration and registration as a specialist in particular should be addressed to the Registrar, S.A. Medical and Dental Council, P.O. Box 205, Pretoria.)

Normally an overseas medical man wishing to settle in the Union is welcomed (and he still is), but it is felt to be right and proper to issue a note of warning to men who may be considering leaving an assured income and livelihood in the country of their origin for the chance of establishing themselves in the Union, where the possibilities of reasonable private practice are diminishing. No man would be wise who would give up what he has to settle here until, at least, he has visited the Union—on holiday perhaps—to see things for himself and to make up his mind about his chances.

N.H.S. SUPERANNUATION SCHEME

It was recognized when the National Health Service (Superannuation) Regulations, 1947, were made that many doctors and dentists who come on to the lists of Executive Councils at the inception of the National Health Service would already be committed to paying premiums on insurance policies taken out to provide for themselves on retirement or for their wives or dependants in case of death.

In Leaflet S.D.D. (obtainable from Executive Councils) the Ministry of Health explains that doctors and dentists who enter the practitioner service on July 5 with cover by insurance policies broadly equivalent to that of the Health Service Superannuation Scheme have an option to remain outside that scheme and to receive instead from the Ministry an amount equal to 8% of their net remuneration (i.e., their gross remuneration for general medical or dental service, less a percentage for practice expenses), to be applied by the practitioner towards the payment of premiums on the policies.

The conditions on which the Minister will agree to this arrangement have been discussed with representatives of the medical and dental professions. Briefly, the conditions are that premiums payable on endowment or deferred annuity policies maturing at 60 years of age or later amount to £150 per annum. If the practitioner holds at July 5 policies of the kind with annual premiums amounting to between £50 and £150 per annum, he will be given an opportunity to take out additional policies to bring the premiums up to the latter figure.

To exercise this option the practitioner must send a written request to reach his Executive Council by Oct. 4, 1948.

The leaflet also explains how practitioners who wish to serve beyond 65 years of age and continue to pay superannuation contribution and count service up to 70 may apply for such an extension of "pensionable age."

HEALTH SERVICES IN NORTHERN IRELAND

Two new public bodies—the Northern Ireland General Health Services Board and the Northern Ireland Hospitals Authority—have been constituted under the recent Health Services Act (N.I.). On the occasion of the inaugural meetings of the Board and the Authority on April 15 the members of the two bodies were the guests at lunch of the Minister of Health and Local Government (the Right Hon. William Grant). The Prime Minister of Northern Ireland, the Rt. Hon. Sir Basil Brooke, was among those present.

Alderman Percival Brown, C.B.E., Chairman of the Northern Ireland Tuberculosis Authority, proposing the toast of the "Government of Northern Ireland," said the inauguration of the Board and the Authority marked a new stage in a concentrated attack on human suffering in Northern Ireland. The Government and the Minister of Health were to be congratulated on the steps that had been taken. The two new bodies together with the Tuberculosis Authority would join together in the common cause of the prevention and cure of disease. On behalf of the Tuberculosis Authority he wished the members of the two new bodies every success.

The Prime Minister responding paid a tribute to the successful work of the Tuberculosis Authority in fighting a disease which had been one of the greatest scourges of the country. The fact that so many ladies and gentlemen had given voluntary service in the fight against disease made one feel intensely proud. He congratulated the Minister of Health on the setting up of the Board and the Authority and he had no doubt that the time the members would give in helping the sick would be fully rewarded.

The Minister of Health proposed "The General Health Services Board and the Hospitals Authority." He said that the Health Services Act was a measure of no small magnitude. He used to wonder what the day would be like when the Bill had passed through Parliament. Now he could look back with satisfaction to those strenuous days of detailed consultation, for it had been a worthwhile job. He would like to express to the Prime Minister his appreciation of his valuable assistance. The assurance of his support considerably lessened all the difficulties.

"To-day we welcome the General Health Services Board and Hospitals Authority, whose duty and privilege it will be, in co-operation with my Ministry, to carry into effect the main provisions of the Act. I wish here to say on behalf of the Government a special word of thanks to the men and women who have responded so willingly to my invitation to serve on the Board and Authority. Their reward will be in the satisfaction they will derive from their efforts to improve the health and thereby increase the happiness of all our people."

Mr. F. Thompson, M.P., Chairman of the General Health Services Board, said every member of the Board realized the magnitude of the task they had been called upon to undertake. Northern Ireland had set a high standard of medical services and it was in that knowledge that the Board was setting out on its task. He believed that they in Ulster could produce the highest results for the community at large.

Dr. F. P. Montgomery, Chairman of the Hospitals Authority, said that body would do everything possible to produce the results which the Minister of Health expected. He pointed out that there could be no immediate or drastic changes in the provision of hospital accommodation. That would have to be a gradual and slow process, built up over a considerable period by the augmentation of the medical profession, the nursing profession, and all the auxiliary services, and involving the provision of 4,000 or 5,000 beds of which Northern Ireland was short. Knowing the interest which the Minister of Finance took in hospitals he felt sure that the needs of the Health Services Board and the Hospitals Authority would receive sympathetic consideration from him. Both bodies were out solely for the benefit of the sick and suffering.

An officer of the Ministry of Health and Local Government commented: "The third partner in the new Health Services is of course local government. To-day, April 15, is the day by which the County and County Borough Councils through their Health Committees are required to draw up their formal proposals for carrying out their duties under the new Act. These include midwifery, maternity and child welfare, home nursing,

health visiting, and health education. In this way all three partners under the new Act took an important step forward together. Several members of the County and County Borough Health Committees as well as one of the recently appointed County Medical Officers of Health are serving on the Health Services Board and the Hospitals Authority."

Constitution of General Health Services Board

The Northern Ireland General Health Services Board has been constituted as follows:

Mr. Frederick Thompson, M.P. (chairman); Mr. Samuel Thompson Irwin, F.R.C.S.Ed. (vice-chairman).

Other members: Mr. Joseph Allen, J.P.; Alderman Daniel Hall Christie; Mrs. Martha Ringland Collis; Mr. Thomas Burtles Donaldson; Mr. Robert Getgood, M.P.; Dr. James Herbert Percival Giff; Dr. Robert Evans Hadden; Mr. William Ernest George Johnston, B.A.; Dr. Cecil Kidd; Dr. Marshall Forbes Leslie; Mr. Bradley McCall; Mr. Hugh McCullough; Mr. John McGregor, M.P.S.; Mrs. May Silburn McLeavy, J.P.; Mrs. Dinah McNabb, M.P.; Mr. William Robinson McNabb, Ph.C.; Dr. John Alexander McVicker; Mrs. Frances Anne Morton; Mr. Patrick Murphy, J.P.; Dr. Percival Vivian Pritchard; Mr. James Coulter Smyth, M.R.C.S., L.D.S.; Dr. Robert James Spence; Mrs. Martin Wallace, LL.B.

Constitution of Northern Ireland Hospitals Authority

The Northern Ireland Hospitals Authority has been constituted as follows:

Dr. Frank Percival Montgomery (chairman); Mr. William McKinney (vice-chairman).

Other members: Dr. Frederick Martin Brice Allen; Mrs. William A. Anderson; Mr. Thomas Bailie, M.P.; Prof. John Henry Biggart; Dr. William Funston Bryson; Mr. Alexander McKay Calder, F.R.C.S.; Mr. Samuel Smith Corbett; Lieut.-Col. Ralph Reginald Auchinleck Darling, J.P.; Dr. Muriel Josephine Louise Frazer; Lieut.-Col. Alexander Robert Gisborne Gordon, M.P.; Dr. Norman Bell Graham; Mr. John Wilfred Haughton; Mr. Cahir Healy, M.P.; Mr. Stuart Knox Henry, J.P.; Mr. John Hopkins; Dr. Thomas Alban Kean; Mr. George Leyburn, J.P.; Mr. Harold Ian McClure, F.R.C.S.; Mrs. James A. Mackie; Miss Dorothy Melville, S.R.N.; Mr. Andrew Millar; Mr. James Anderson Piggot; Mrs. Phyllis Richardson; Prof. Philip Joseph Stoy; Prof. William Willis Dalziel Thomson; Mr. Albert Edward Titterington; Mrs. Katharine Towers; Mr. James Reid Wheeler, F.R.C.S.; Mr. Cecil John Alexander Woodside, F.R.C.S.I.; Mr. Charles William Young, Ph.C.

NATIONAL ASSISTANCE ACT: MEDICAL ASPECTS

The National Assistance Act, the final step in the break-up of the Poor Law, comes into operation on July 5, except for the sections relating to registration of homes for the old and disabled, which will probably not come into effect until January. The Act must be read in conjunction with the National Health Service Acts, which make provision for certain of the services hitherto coming under Poor Law and Public Assistance. From a medical point of view the important sections in the National Assistance Act are those concerning the provision of residential accommodation for the aged and infirm and of welfare services for the disabled and handicapped.

Medical Services for Aged and Infirm

Aged and infirm persons whose needs are met under this Act do not include sick who need treatment in hospital; they include, however, a wide range of elderly, disabled, or subnormal people unable to look after themselves. The persons for whom residential accommodation is to be provided by county and county borough councils have the same right as other members of the community to the service of a family doctor and freedom of choice of doctor. The ordinary procedure will be for the authority, under the guidance of its medical officer of health, to employ a doctor directly for the general medical supervision of the homes or, should the premises be in joint use for sick and non-sick, to make arrangements with the Regional Hospitals Board for such services, and the residents may be willing to select the appointed practitioner to attend them in minor illnesses ordinarily nursed at home. Any remuneration payable by the Executive Council to the practitioner in respect of his attendance on the residents of a home will be assignable to the local authority or the Regional Hospital Board, as the case may be, which employs him.

There may be difficulty in determining whether the care and attention which an old or infirm person needs is of a kind which requires his admission to hospital. This can be decided only on medical grounds. The two governing considerations are that hospital beds must not be occupied by those who do not require hospital treatment, and, equally, that establishments for old and infirm people must not be used for the care of persons who ought to be in hospital. This is a matter for close co-operation between local authorities and Regional Hospital Boards.

Welfare Services for Handicapped Persons

The scheme under the National Assistance Act will mean in practice that the former arrangements for blind persons will be extended to cover persons with other kinds of disability who do not need hospital treatment. The Act requires local authorities to ensure that the severely crippled and others get the benefit of the new and developing rehabilitation services provided under the Disabled Persons (Employment) Act and in other ways. The promotion of the welfare of the blind has been a duty imposed upon local authorities for many years under the Blind Persons Acts (the relevant provisions of which are now repealed), and the Minister has directed the continuation of this duty so far as the blind are concerned. He has not made a similar direction in the case of other classes—namely, the deaf and dumb and others substantially and permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed—but the desirability of doing so will be kept in view. Meanwhile the local authority is empowered to promote the welfare of all these people as it does at present for the blind. These include an advisory service, instruction in methods of overcoming the disability, provision of sheltered employment, home work, and recreational facilities, and the compilation and maintenance of classified registers.

Under one section of the new Act the power is conferred on local authorities, on the certificate of a medical officer of health, to apply to a court of summary jurisdiction for an order for the removal and detention in a suitable hospital or other place of persons who are suffering from grave chronic illness or are aged, infirm, or physically incapacitated, and are living in insanitary conditions and unable to devote to themselves or receive from others proper care and attention. This provision is, properly, surrounded by safeguards to ensure thorough inquiry and consideration, not only with a view to the interests of the persons concerned but of other persons who may be subjected to risk of injury to health or serious nuisance.

The Act sets up a National Assistance Board which will report annually to the Ministry of National Insurance. The Board will consist of a chairman, deputy chairman, and not less than one or more than four other members, one of whom shall be a woman. The unified scheme of national assistance given by the Board will replace tuberculosis allowances and other forms of domiciliary assistance up to now administered by local authorities.

N.H.S. SUPPLEMENTARY OPHTHALMIC SERVICES

In the light of the Report of the Spens Committee on the Remuneration of Consultants and Specialists the fee for the testing of sight in the Supplementary Ophthalmic Service by medical practitioners having the prescribed qualifications will be £1 11s. 6d. a case on the understanding that the practitioner will be responsible for providing all necessary premises and equipment.

COMPENSATION FOR PRACTITIONERS UNDERTAKING MATERNITY MEDICAL SERVICES

The Ministry of Health has decided that a practitioner whose name is placed on the Medical List in respect of maternity medical services only will qualify for compensation. His name must of course be on the List before the appointed day, and he will subsequently be debarred from selling the goodwill of his practice.

MATERNITY ALLOWANCE: INQUIRIES BY MINISTRY OF HEALTH

Objections were made by a deputation from the Insurance Acts Committee of the B.M.A. to the National Insurance Advisory Committee (chairman, Sir Will Spens) about officers of the Ministry of Health inquiring (in accordance with Regulations made under the National Insurance Act, 1946) into the advice given to a pregnant woman by her doctor or midwife. The Advisory Committee agreed that these inquiries should be confined to finding out whether the woman is taking proper care of herself "in the ordinary every-day sense" and that the Ministry's officers should not inquire into questions of medical treatment and advice. The Minister of National Insurance has accepted the Advisory Committee's recommendations and incorporated them in the National Insurance (Maternity Benefit) Regulations, 1948, made on June 2. The relevant paragraph now reads as follows :

A woman shall be disqualified for receiving attendance allowance . . . (*b*) if, during the said period, she fails without good cause to observe the following rule of behaviour, namely to take due care of her health and to answer any reasonable inquiries (not being inquiries relating to medical examination, treatment or advice) by the Minister or his officers directed to ascertaining whether she is doing so, and such disqualification shall be for such number of days as may be decided by the determining authority."

Correspondence

Academic Dress

SIR,—In your issue of June 12 (*Supplement*, p. 165) it was announced that no hoods were to be worn during the Cambridge Meeting *because the Chancellor would not be present.* Perhaps as an expert on academical dress, and the author of a work of 220,000 words on this little-known subject, I may be permitted to say :

(1) The Meeting in Cambridge this year is a B.M.A. Meeting and not a university function. That Cambridge happens to be a university town is an accident, and the Association is absolutely free to do as it likes in regard to dress.

(2) The wearing of hoods has nothing whatsoever to do with the Chancellor, who resides in South Africa, and is unlikely to be in England more than one week in 156. Are we to believe that all hoods are to remain in cold store for 155 weeks out of 156 ? In the absence of the Chancellor, the Vice-Chancellor presides and deputizes for him, and acts as head of the university. Therefore, if the wearing of hoods depended upon the head being present, the Vice-Chancellor fulfils this requisite condition. (Actually it doesn't depend on it.)

(3) The only university function is that before the Vice-Chancellor on Tuesday, June 29.

(4) At B.M.A. Annual Meetings, when academical dress is prescribed, *full dress* should be worn. Those who do not hold a doctorate (M.D., D.Sc., Ph.D., etc.) can only be in full dress provided they wear gowns, hood, bands, and cap. Doctors are in full dress when they wear scarlet gowns or Ph.D. Cambridge or London gowns, with or without hood. Oxford doctors never wear a hood with the scarlet festal gown.—I am, etc.,

Sussex. CHARLES FRANKLYN.

Recruitment of Young Practitioners

SIR,—May I comment on the communication in the *Supplement* of June 19 (p. 180) in regard to recruitment to the Armed Forces ? The proper aims for a system of conscription should be to share the burden equally, and to assure that it is kept to a minimum—i.e., the Services hold no more doctors than there is real need for. At present it would seem doubtful whether either aim is being adequately achieved.

The present system of limiting conscription for general medical duties to those below 26 years of age cannot be regarded as satisfactory. The doctor approaching 26 is to have his hospital appointments cut short. The doctor who for any reason qualifies after 26 avoids his obligations altogether. This surely should be reconsidered. Medical "unfitness," too, is another source of discrepancy. There are a fair proportion of doctors of the "Fit U.K. only" grade. Previously these men used to serve ; now the Forces will not accept them. Indeed, I know two men accepted and serving on a "U.K. only" grade who were suddenly ordered to report for release having served only six months. One would presume that where U.K. service is not going to be harmful to a man's health he should serve his fair share with his colleagues ; he would certainly be expected to in the event of war. One also wonders whether women doctors, now on an equal footing with their male colleagues, would not wish to take a greater—if only a voluntary —share in staffing the Forces. The views of the British Medical Women's Federation on this point are well known.

The need for reducing the conscription burden is even greater than for equalizing it. Last year, when the difficulty of meeting the so-called "needs" of the Forces was as emphasized as now, I was serving with the R.A.F. in India. There we had over 70 M.O.s to fill an establishment of 44, and a very generous establishment at that. Small wonder there were stations, like mine, with 1,500 men and five M.O.s, and this within four miles of two military hospitals; or the flying field in a military cantonment with two M.O.s for 550 men and a military hospital half a mile distant. It is worth noting that the R.A.F., for example, has a 35% higher ratio of doctors to personnel than it had during wartime; so these are not rare examples, they are legion. They are not confined to India, they are general.

This year I spent six months at a big unit in Home Command where there was one M.O. for the W.A.A.F. sick (average eight a day); one for the R.A.F. (average 25 a day); one for the inoculations (average 20 a day); one for the release medical examinations (average 10 a day) ; and an M.R.C.P. in charge of a minor ward (20 beds) and others doing administration. Friends recently released from other Services tell of conditions no less ludicrous. Surely before we as a profession go further to incommode our younger members with these new call-up procedures we should take more radical steps to see the Services cut their coat with some consideration for the cloth. At present it is "like a giant's robe 'pon a dwarf."

It is insufficiently appreciated that medical conscription (as all conscription) has now to be regarded as a permanent facet of our national life. The time for a serious and all-embracing review of its ways, means, and effects is more than ripe. I note that in the recent writings on medical education and curricula no mention whatsoever has been made of the effects of conscription. Surely it is of no little import if we are to add 18 months or 2 years on to the effective curriculum and then have our younger doctors less clinically proficient and practised at the end of it. A certain period of conscription, especially if overseas, is by no means entirely harmful, indeed, often forming a valuable change from the rather limited atmosphere of hospital and medical school, but it rests with the profession and its Association to see that this is kept as short and as clinically full as is compatible with the Servicemen's health, which is at present not the case.—I am, etc.,

Ipswich. NICOLAS MALLESON.
Ex-Flight-Lieut., R.A.F.V.R.

Certificate for Eye Testing

SIR,—In *The Times* of June 18 appeared the statement that "the decision of the Minister [of Health] that the public must first obtain a certificate from a doctor before attending an optician for the first time, instead of going to an optician for sight-testing direct, is accepted by the joint emergency committee [of the opticians] under protest." What have the doctors said about this additional burden that is going to be thrust on them ? As far as I know they have not been consulted. The result will be a noticeable addition to the rush of people to our waiting-rooms. Already I know of patients who, wanting their eyesight testing, are hanging back till after July 5.

What will be the value of such a certificate ? The doctor isn't going to waste his time by examining the patient's eyesight, even in the unlikely event of his being competent to do so. He will hand out a certificate on the patient's "say so," and if these patients are on his panel list there will be no fee obtainable to compensate for the nuisance. A paragraph in the *Supplement* of June 19 (p. 178) states, "The Minister has appointed an interdepartmental committee to advise how far the number of medical certificates can be reduced. The British Medical Association is presenting evidence to this committee and the interests of practitioners are being carefully watched." Here is one certificate that ought to be killed before birth.—I am, etc.,

Lancing, Sussex. CHARLES E. S. HARRIS.

NATIONAL INSURANCE CERTIFICATION

The National Insurance Committee (chairman, Sir Will Spens) has reported on the Unemployment and Sickness Benefit Regulations of the National Insurance Act, 1946, and the Minister has adopted their recommendations. In certain cases a person is deemed to be incapable of work (though he is in a strict sense capable of work) if a medical practitioner certifies that he should abstain from work because of some specific disability. The committee recommends that the certificate must be given only by a *registered* medical practitioner, since the statement must not only certify incapacity but also specify the disability.

A person may be excluded from work on the certificate of a medical practitioner because he has been in contact with a case of infectious disease or is a carrier of disease. "Infectious disease" is not defined in the Regulations, and in some cases exclusion from work is unnecessary. The committee therefore recommends that these certificates should be accepted only from medical officers of health of a local authority.

THE UNATTENDED TELEPHONE

Owing to the shortage of domestic help members of the profession are faced with a difficult problem in dealing with incoming telephone calls whilst on their professional rounds. In this connexion attention was drawn some months ago to a number of message-receiving bureaux operating in the Metropolitan area, and also to the automatic recording apparatus (the "robot" telephone) designed and manufactured by the Associated Electronic Engineers Ltd., of 9–10, Dalston Gardens, Stanmore, Middlesex.

Owing to the initial costs of producing the robot telephone on a commercial basis the manufacturers fixed a tentative price of £80 on the assumption that a minimum of 100 of these instruments would be ordered. It was their intention, if sufficient orders were received, to install the first 100 robots in representative areas throughout the country in order to test them thoroughly in varied circumstances, and subsequently to put the apparatus into large-scale production with any adjustments found to be desirable in the light of this experience.

The number of practitioners who have expressed interest in the robot telephone has so far been disappointing. A recent development has taken place, however, which may prove more attractive. Following discussions between the manufacturers of the robot telephone and the Percall Service Ltd. plans are in hand for the production of a simplified version of the robot which can be used in conjunction with the Percall message bureau service. This instrument, to be known as the "Percall Repeater," does not record messages, but will repeat several times to any person who phones the practitioner during his absence from his surgery or consulting-room some such message as "Doctor Blank is not available; please leave a message by calling Telephone No. xxx (i.e., the message bureau)."

It is anticipated that this instrument, when mass-produced, will be available at a reasonable cost, and accordingly the Percall Service Ltd., who will be the exclusive agents, propose to purchase and hire them at an inclusive rental not exceeding £20–£25 per annum, including maintenance. Practitioners who are interested in the project can obtain further information from the manufacturers, Associated Electronic Engineers, Ltd., 9–10, Dalston Gardens, Stanmore, Middlesex, or from Percall Service Ltd., 387, London Road, Mitcham, Surrey.

B.M.A. LIBRARY

The following books have been added to the Library:

Abbott, W. N., and Fowler, E. F.: Collection of Articles on the Electrical Factor in Metabolism. Third edition. 1945.
Bankoff, G.: Practice of Local Anaesthesia. Third edition. 1948.
Beckman, H.: Treatment in General Practice. Sixth edition. 1948.
Bell, G. H.: Experimental Physiology. Fourth edition. 1947.
Bonney, V.: Textbook of Gynaecological Surgery. Fifth edition. 1947.
Bower, A. G., and Pilant, E. B.: Communicable Diseases for Nurses. Sixth edition. 1948.
Bretschneider, L. H., and Duyvene de Wit, J. J.: Sexual Endocrinology of Non-mammalian Vertebrates. 1947.
Cameron, N.: Psychology of Behavior Disorders. 1947.
Charlesworth, F.: Chiropody: theory and practice. Third edition. 1947.
Dawes, B.: Man and Animals: what they eat and why. 1947.
Debre, R.: Polycories. 1947.
English, Sir C.: Patients and Appendicitis. 1946.
Frant, V. K., and Harvey, H. D.: Introduction to Surgery. 1946.
Frazer, W. M., and Stallybrass, C. O.: Textbook of Public Health. Twelfth edition. 1948.
Gardner, E.: Fundamentals of Neurology. 1947.
Gates, O., and Warren, S.: Handbook for the Diagnosis of Cancer of the Uterus by Use of Vaginal Smears. 1947.
Gelfand, M.: The Sick African. Second edition. 1947.
Glueck, B. (Editor): Current Therapies of Personality Disorders. 1946.
Gordon, H. P., Densford, K. J., and Williamson, E. G.: Counseling in Schools of Nursing. 1947.
Gould, Sir A. P.: Elements of Surgical Diagnosis. Ninth edition revised by Sir Cecil Wakeley. 1947.
Greenwood, M.: Some British Pioneers of Social Medicine. 1948.
Hathaway, W.: Education and Health of the Partially Seeing Child. Revised edition. 1947.
Lachiondo, F. B.: La Penicilina. 1945.
Lecron, L. M., and Bordeaux, J.: Hypnotism Today. 1947.
Llavero, F.: Thromboendangiitis obliterans des Gehirns. 1948.
Low, R. C., and Dodds, T. C.: Atlas of Bacteriology. 1947.
McDonagh, J. E. R.: Universe in the Making. 1948.
MacNalty, A. S.: Local Government. 1948.
Nand, S.: Objective Method of Dream-interpretation. 1947.
Neatby, E. A., and Stonham, T. G.: Manual of Homoeotherapeutics. Third edition. 1948.
Quiring, D. P.: Head, Neck and Trunk: muscles and motor points. 1947.
Royal College of Physicians, Tuberculosis in Young Adults: Report on the Prophit Tuberculosis Survey 1935–44. 1948.
Runes, D. D. (Editor): Selected Writings of Benjamin Rush. 1947.
Sargant, W., and Slater, E.: Introduction to Physical Methods of Treatment in Psychiatry. Second edition. 1948.
Seaver, G.: Albert Schweitzer—the man and his mind. 1947.
Sollmann, T.: Manual of Pharmacology. Seventh edition. 1948.
Strecker, E. A., Ebaugh, F. G., and Ewalt, J. R.: Practical Clinical Psychiatry. Sixth edition. 1947.
Te Linde, R. W.: Operative Gynecology. 1946.
Ten Teachers: Midwifery. Eighth edition edited by Clifford White *et al.* 1948.
Tourish, W. J., and Wagner, F. B. (Jnr.); Preoperative and Postoperative Care. 1947.
Wertham, F.: Dark Legend: a study in murder. 1947.
Wolf, L. K.: Nursing. 1947.
Wolf, E.: Anatomy of the Eye and Orbit. Third edition. 1948.
Woodhead, E. W., *et al.*; Partnership in Education. 1948.

H.M. Forces Appointments

ROYAL NAVY

Surgeon Lieutenant (Extended Service Commission) L. G. H. Le Clerq has been transferred to the Permanent List in the rank of Surgeon Lieutenant.

Acting Surgeon Lieutenants C. J. Stevenson, M. S. Bentley, J. H. B. Lusk, J. B. Hickey, and A. S. Falconer to be Surgeon Lieutenants.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant-Commander F. J. S. Gowar, V.R.D., has been placed on the Retired List.

Surgeon Lieutenant I. Miskelly, D.S.C., to be Surgeon Lieutenant-Commander.

Temporary Acting Surgeon Lieutenants K. W. Matheson, D. McD. Dickson, G. F. Corbett, T. C. L. Parry, J. K. W. Morrice, H. M. Mann, and J. C. Haworth to be Temporary Surgeon Lieutenants.

ARMY

Lieutenant-General Sir Alexander Hood, G.B.E., K.C.B., late R.A.M.C., has retired on retired pay.

Major-General Sir T. O. Thompson, K.C.S.I., C.B., C.B.E., K.H.P., late R.A.M.C., has retired on retired pay and has been granted the honorary rank of Lieutenant-General.

Colonel (Acting Major-General) F. Harris, C.B.E., M.C., K.H.S., late R.A.M.C., to be Temporary Major-General.

Lieutenant-Colonels J. C. Coutts and F. K. Escritt, O.B.E., from R.A.M.C., to be Colonels.

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonels D. S. Martin, W. F. Lane, and F. M. Lipscombe, O.B.E., have retired on retired pay, and have been granted the honorary rank of Colonel.

Lieutenant-Colonel W. H. Scriven, M.B.E., has retired on retired pay.

Lieutenant-Colonel H. A. Hill having attained the age for retirement has been retained on the Active List supernumerary.

Major (War Substantive Lieutenant-Colonel) R. A. Stephen to be Lieutenant-Colonel.

Majors A. G. D. Whyte, M.B.E. and T. McG. McNie to be Lieutenant-Colonels.

Major F. MacD. Byrn, from I.M.S., to be Major.

Captain (Temporary Major) D. Gill, from Short Service Commission, to be Captain.

Captain (War Substantive Major) J. S. T. Goldie, from R.A.M.C. Short Service Commission, to be Captain.

Captain K. Greenwood, from Short Service Commission, to be Captain.

Short Service Commission, Specialist.—Lieutenant J. L. Ryan to be Captain.

Short Service. Commissions.—Captain (War Substantive Major) J. G. R. Damrel has retired and has been granted the honorary rank of Lieutenant-Colonel. Lieutenants A. Folkson, J. J. Flood, J. S. Gardiner, I. R. Haire, A. B. Jamieson, I. A. H. Munro, K. P. Milne, J. F. S. Robertson, J. P. Stuart, and R. P. Vass to be Captains. W. F. Belsham, from R.A.M.C. Emergency Commission, to be Lieutenant. J. G. Kilner to be Lieutenant.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Captain (Brevet Major) A. A. B. Scott having exceeded the age limit of liability to recall has ceased to belong to the Reserve of Officers.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel A. T. B. Dickson, O.B.E., T.D., has been granted the acting rank of Colonel.

Major (War Substantive Lieutenant-Colonel) A. L. Crockford, D.S.O., O.B.E., M.C., T.D., has been granted the acting rank of Colonel.

Majors H. F. Apthorpe-Webb, T. F. Briggs, T.D., and R. W. Nevin, have been granted the acting rank of Colonel.

Lieutenant (War Substantive Major) A. J. Maciver, from Emergency Commission, to be Captain and has been granted the acting rank of Lieutenant-Colonel.

Major D. H. Young, O.B.E., has been granted the acting rank of Lieutenant-Colonel.

Captain (Honorary Lieutenant-Colonel) J. R. G. Damrel, Reserve of Officers, to be Major.

Captains (War Substantive Lieutenant-Colonels) J. Smith, O.B.E., T.D., and D. S. Valentine to be Majors.

Captains (Acting Majors) H. Gass, H. B. Porteous, M.B.E., and T. F. Lalor to be Majors.

Captain (War Substantive Lieutenant-Colonel) C. D. Evans, O.B.E., from R.A.R.O., to be Major and has been granted the acting rank of Lieutenant-Colonel.

Captains (War Substantive Majors) N. C. Oswald, C. W. Arnot, O.B.E., M.C., W. W. Crawford, T.D., T. T. P. Murphy, O.B.E., T.D., A. Cowie, D.S.O., T. N. Rudd, A. P. McEldowney, and St. C. E. J. Barrett to be Majors and have been granted the acting rank of Lieutenant-Colonel.

Captains H. D. Chalke, O.B.E., O. G. Prosser, M.C., A. T. Burn, J. W. Galloway, and W. R. Blunt, to be Majors, and have been granted the acting rank of Lieutenant-Colonel.

Captains (War Substantive Majors) A. H. Charles, T.D., J. L. Warner, L. P. Clarke, T.D., J. Burns, M.C., T.D., T. T. S. Hall, M.B.E., T.D., E. C. Ellis, M. J. Lindsey, M.C., J. L. Swanston, R. R. Davies, B. C. Jennings, D. S. Austin, W. C. G. Russell, A. K. Dougall, M.C., M. I. Silverton, F. A. Edwards, W. N. S. Donaldson, T.D., D. M. Mitchell, T.D., A. R. Bowtell, G. A. W. Neill, G. O. Gauld, and A. D. Stoker, to be Majors.

Captains W. Kelly, R. H. Webber, M.B.E., G. M. R. Duffus, M.B.E., F. J. G. Slater, M.C., J. R. S. Third, J. W. L. Bain, G. S. Midgley, W. K. McCollum. A. McN. Tomlinson, W. M. Davidson, I. A. Anderson, M. W. Lloyd-Owen, J. E. Morrish, F. J. Manning, A. E. K. Price, A. S. Bookless, R. A. Read, W. F. de C. Veale, C. V. Light, R. B. Quinn, D. P. Holmes, S. Curwen, J. T. Wybourn, R. W. W. Brown, J. E. Elliott, W. Milburn, E. E. Evans, R. L. McQuillan, R. Barraclough, J. H. Pattyson, and H. G. Neill to be Majors.

Captain S. H. Dundon has relinquished his commission on account of disability, retaining the rank of Captain.

Lieutenant (War Substantive Captain) G. W. Thomas to be Major.

Lieutenant (War Substantive Lieutenant-Colonel) R. W. Raven, O.B.E., from Emergency Commission, to be Captain, and has been granted the acting rank of Lieutenant-Colonel.

Lieutenants (War Substantive Majors) L. C. Hill and C. W. P. Bradfield from Emergency Commissions to be Captains, and have been granted the acting rank of Lieutenant-Colonel.

Lieutenant (War Substantive Captain) S. Glaser, from Emergency Commission, to be Captain, and has been granted the acting rank of Lieutenant-Colonel.

Lieutenants (War Substantive Majors) J. Macrae and T. P. Sewell, from Emergency Commissions, to be Captains, and have been granted the acting rank of Major.

Lieutenant (War Substantive Major) E. G. Wade to be Captain, and has been granted the acting rank of Major.

Lieutenants (War Substantive Majors) E. G. Turner, M.C., and C. J. Cobbe, M.B.E., from Emergency Commissions, to be Captains.

Lieutenant (War Substantive Captain) F. H. Leckie, M.C., to be Captain, and has been granted the acting rank of Major.

Lieutenants (War Substantive Captains) J. Bleakley, J. H. Green, G. O. Hughes, M.C., R. H. Moore, I. C. Campbell, E. N. Owen, J. C. B. Serjeant, J. A. Reid, J. Davenport, and R. F. Haswell, from Emergency Commissions, to be Captains, and have been granted the acting rank of Major.

Lieutenants (War Substantive Captains) T. R. W. Millar, I. R. McNeish, R. D. Williams, F. E. D. Griffiths, and P. S. Barclay, M.C., to be Captains.

Lieutenants (War Substantive Captains) L. H. Allan, P. L. M. Hartley, S. R. Gosling, G. Swift, K. C. MacKelvie, B. W. Wells, J. A. Ward, S. J. T. Merryfield, V. L. Helm, J. G. Waugh, M. MacIntyre, M. N. S. Duncan, C. Giles, H. G. Floyd, A. C. Houghton, J. Bunting, I. W. Buirski, G. M. Wyant, C. E. Hagenbach, C. J. Wells, M.B.E., T. M. Lennox, T. F. Redman, K. H. S. Dalliwell, J. D. Finnegan, J. H. Stranger, M. C. S. Kennedy, G. L. Herbert, J. H. Dean, A. D. Payne, J. A. Perpoli, R. W. J. Naismith, G. W. Pinder, N. C. Horne, A. T. H. Glanvill, and J. D. Bruzaud, from Emergency Commissions, to be Captains.

Lieutenants H. L. Latham, R. W. Newby-Good, C. H. Walker, and C. Stuart to be Captains.

To be Lieutenants: E. O. Lakey, E. M. Ward, P. C. Garson, M. A. O'Sullivan, and N. D. H. Heneghan.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Captains J. A. Ward and R. D. Hearn, from Active List, to be Captains.

LAND FORCES: EMERGENCY COMMISSIONS

ROYAL ARMY MEDICAL CORPS

War Substantive Lieutenant-Colonel J. C. R. Buchanan has relinquished his commission and has been granted the honorary rank of Colonel.

War Substantive Majors J. G. Winteler, W. H. Greany, M.C., and R. D. G. Vann have relinquished their commissions, and have been granted the honorary rank of Lieutenant-Colonel.

War Substantive Captains E. Aron, C. M. Wolff, I. Kitchlew, G. H. Ball, H. W. Salmon, and T. R. B. Courtney have relinquished their commissions and have been granted the honorary rank of Major.

War Substantive Captain H. R. McNair has relinquished his commission on account of disability and has been granted the honorary rank of Major.

Captain E. C. J. Millar has relinquished his commission on account of disability and has been granted the honorary rank of Captain.

War Substantive Captain D. A. Cox has relinquished his commission and has been granted the honorary rank of Captain.

War Substantive Captains O. L. J. Wallen and W. Muir have relinquished their commissions on account of disability and have been granted the honorary rank of Captain.

Short Service Commission, Specialist.—War Substantive Lieutenant-Colonel N. Moulson has relinquished his commission and has been granted the honorary rank of Colonel. The notifications regarding D. F. Freebody and H. B. Goodall in *Supplements* to the *London Gazette* dated Dec. 17, 1946, and Dec. 17, 1947, respectively, have been cancelled. War Substantive Captains C. Rowlands, W. Sharpe, J. G. Roberts, J. S. Ellis, P. V. Reading, A. W. Kay, J. Sakula, Y. D. Williams, H. C. Aston, P. M. Birks, M. Lubran, J. F. Curr, A. N. McCrea, A. J. Freese, C. A. P. Donaldson, S. E. Birdsall, and R. S. Ninian have relinquished their commissions and have been granted the honorary rank of Major. War Substantive Captain M. G. Allen has relinquished his commission and has been granted the honorary rank of Captain.

The notification regarding J. G. Kilner in a *Supplement* to the *London Gazette* dated April 6, and the *Supplement* to the *Journal* dated April 17 (p. 103), has been cancelled.

Lieutenants W. H. Davies, J. Leary, P. M. F. McGarry, D. M. C. Ainscow, J. A. W. Brown, D. K. Briggs, W. J. O. Box, J. G. Bearn, H. McD. Cameron, D. M. Caird, M. G. Cox, D. M. Davies, A. W. Downie, D. J. Dennison, D. Duncan, K. H. Fraser, H. Fishbone, M. R. Fell, A. D. B. Fotheringham, J. B. Frost, A. Gillis, R. W. L. Hurt, C. A. Haxton, R. B. Hendry, J. Harding-Cox, C. M. Jockel, K. S. Jones, W. de M. Kellock, R. E. D. Leigh, E. T. Lay, W. D. Linsell, J. J. Medalia, W. J. M. MacKenzie, R. G. Milne, T. C. H. Mathews, P. H. Merlin, I. K. R. McMillan, R. E. O'Neal, W. Oldham, T. J. S. Patterson, B. W. Perlow, R. W. Povey, C. C. D. Shute, C. E. D. Taylor, R. H. Thomlinson, W. L. Blackett, C. E. T. Gordon, W. P. Thomson, H. C. Anton, E. Anderson, B. Bernard, L. Cudkowicz, R. A. Chand, W. R. Denny, J. H. Diggle, R. Earl, J. C. Foster, J. M. Forbes, B. H. Hooben, D. H. Isaac, J. M. Livingston, D. O. Lloyd, J. D. C. Millar, K. S. Murray, C. I. Phillips, N. L. Paros, H. K. Rose, B. F. Richards, N. H. Silverton, R. H. Shephard, R. A. Setchell, H. Stern, S. G. Siddle, D. S. Smith, D. W. Taylor, O. M. P. Tobias, S. Vakil, A. A. Weyman, R. A. L. Wenger, A. K. D. Rutherford, and J. W. Laws to be Captains.

Lieutenant W. Boyes has relinquished his commission on account of disability and has been granted the honorary rank of Lieutenant.

To be Lieutenants: F. S. Airey, D. F. Freebody, K. J. Alexander, H. N. Baylis, J. M. Boyd, G. T. F. Braddock, M. W. Clark, W. Davidson, G. R. Davies, E. D. B. Denovan, L. Doyle, D. C. Drummond, I. L. Francis, J. H. Garson, L. Haas, E. O. L. Hoskins, G. F. W. Hossack, K. E. Jefferson, F. P. Lennon, G. M. Maxwell, A. MacLean, A. I. MacLeod, R. C. MacLeod, J. McCuskie, I. B. D. Middlemass, C. A. Mills, J. R. Mirrey, L. T. Rees, D. Rider, W. B. Robertson, N. T. Speirs, J. D. Stevens, D. H. Thomson, C. Wevmes, J. G. A. S. Williamson, D. S. N. Brierley, I. M. Cran, K. Cronin, R. M. Gaunt, R. F. H. Horn, T. G. Jones, D. I. Kirk, J. B. Parkin, J. H. Rust, J. W. Sandler, G. Sclare, B. K. Scott, S. G. A. Shute, R. Simpson-White, A. C. Turnbull, J. H. Warrack, G. Wilson, J. N. Wattie, H. B. Goodall.

Association Notices

OTOLARYNGOLOGISTS GROUP

As a result of the postal ballot held to elect the Otolaryngologists Group Committee the following members of the Group have been appointed: Region 1, Donald Watson, F.R.C.S. (Bradford). Region 2, J. E. G. McGibbon, O.B.E., D.L.O. (Liverpool). Region 3, R. D. Owen, F.R.C.S.Ed. (Cardiff). Region 4, no nomination. Region 5, E. D. D. Davis, F.R.C.S. (London). Region 6, E. Cowper Tamplin, *M.C.*, F.R.C.S., D.L.O. (Southsea). Region 7, A. D. Bateman, O.B.E., F.R.C.S., D.L.O. (Bath). Scotland, R. G. Lumsden, F.R.C.S.Ed. (Edinburgh); Gavin Young, F.R.F.P.S.G. (Glasgow). N. Ireland, no nomination.

The Group Committee at its first meeting will consider the appointment of representatives for Region 4 and N. Ireland.

CHARLES HILL,
Secretary.

SIR CHARLES HASTINGS CLINICAL PRIZE

The Sir Charles Hastings Clinical Prize, which consists of a certificate and a money reward of 50 guineas, is again open for competition. The following are the regulations governing the award:

1. The prize is established by the Council of the British Medical Association for the promotion of systematic observation, research, and record in general practice; it includes a money award of the value of 50 guineas.

2. Any member of the Association who is engaged in general practice is eligible to compete for the prize.

3. The work submitted must include personal observations and experiences collected by the candidate in general practice, and a high order of excellence will be required. If no essay entered is of sufficient merit no award will be made. It is to be noted that candidates in their entries should confine their attention to their own observations in practice rather than to comments on previously published work on the subject, though reference to current literature should not be omitted when it bears directly on their results, their interpretations, and their conclusions.

4. Essays, or whatever form the candidate desires his work to take, must be sent to the British Medical Association House, Tavistock Square, London, W.C.1, not later than Dec. 31, 1948. The prize will be awarded at the Annual General Meeting of the Association to be held in 1949.

5. No study or essay that has been published in the medical press or elsewhere will be considered eligible for the prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work. A prizewinner in any year is not eligible for a second award of the prize.

6. If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay the decision of the Council on any such point shall be final.

7. Each essay must be typewritten or printed, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address.

8. The writer of the essay to whom the prize is awarded may, on the initiative of the Science Committee, be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate Section of the Annual Meeting of the Association.

9. Inquiries relative to the prize should be addressed to the Secretary.

MIDDLEMORE PRIZE

The Middlemore Prize consists of a cheque for £50 and an illuminated certificate, and was founded in 1880 by the late Richard Middlemore, F.R.C.S., of Birmingham, to be awarded for the best essay or work on any subject which the Council of the British Medical Association may from time to time select in any department of ophthalmic medicine or surgery. The Council is prepared to consider the award of the prize in the year 1949 to the author of the best essay on "The Value of Orthoptics in the Treatment of Squint." Essays submitted in competition must reach the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1, on or before Dec. 31, 1948. Each essay must be signed with a motto and accompanied by a sealed envelope marked on the outside with the motto and containing the name and address of the author. In the event of no essay being of sufficient merit the prize will not be awarded in 1949.

KATHERINE BISHOP HARMAN PRIZE

The Council of the B.M.A. is prepared to consider an award of the Katherine Bishop Harman Prize of the value of £75 in 1949. The purpose of the prize, which was founded in 1926, is to encourage study and research directed to the diminution and avoidance of the risks to health and life that are apt to arise in pregnancy and child-bearing. It will be awarded for the best essay submitted in open competition, competitors being left free to select the work they wish to present, provided this falls within the scope of the prize. Any medical practitioner registered in the British Empire is eligible to compete.

Should the Council of the Association decide that no essay submitted is of sufficient merit, the prize will not be awarded in 1949, but will be offered again in the year next following this decision, and in this event the money value of the prize on the occasion in question will be such proportion of the accumulated income as the Council shall determine.

The decision of the Council will be final.

Each essay must be typewritten or printed in the English language, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address. Essays must be forwarded so as to reach the Secretary, to whom all inquiries should be addressed, at B.M.A. House, Tavistock Square, London, W.C.1, not later than Dec. 31, 1948.

Branch and Division Meetings to be Held

ST. MARYLEBONE DIVISION.—At the Medical Society of London, 11, Chandos Street, W.1, on Wednesday, July 14, 8.30 p.m. Lecture on "The Thyroid Gland and Anti-thyroid Drugs" by Prof. E. B. Astwood, of the Joseph H. Pratt Diagnostic Hospital, Boston, Mass., U.S.A.

Meetings of Branches and Divisions

METROPOLITAN COUNTIES BRANCH

The 90th annual general meeting of the Branch was held at B.M.A. House, London, on June 1. In the absence of the President (Dr. E. A. Gregg) the chair was taken by Dr. R. W. Cockshut. It was announced that there had been only one nomination for President-elect—namely, Dr. C. G. Martin. In declaring Dr. Martin elected, the Chairman spoke of the great service he had rendered to the Branch as secretary and later as treasurer. They all regretted that he felt he must retire from his position as one of the Branch representatives on the central council, but they were glad to feel that they would have him as their president next year. Dr. Martin thanked the members for the honour done him, and also acknowledged the help he had received from the permanent staff during his nine years of office in the Branch. The following were elected Vice-Presidents: Dr. R. Cove-Smith, Dr. A. J. Struthers, Dr. H. Vickers, and Dr. A. Weston. Dr. Alistair French was unanimously elected to succeed Dr. Martin as treasurer, with an appreciation of his excellent work as hon. secretary.

Before the meeting proceeded to fill the vacant position of hon. secretary certain amendments of the rules of the Branch as recommended by the Branch Council were adopted. The purport of these amendments was to provide in future for two hon. secretaries instead of, as in recent years, only one, and for their election for a term of one year, with eligibility for re-election for a further period of one year only. The Chairman suggested that in order to ensure continuity in the hon. secretaryship one of the two hon. secretaries to be appointed at that meeting should agree to retire at the end of the first year, leaving his colleague to be re-elected for a second year, and thereafter each hon. secretary would ordinarily serve for two years, so that the two would not come out of office at the same time. Dr. D. F. Hutchinson, of Acton, and Dr. J. W. McCarthy, of Hendon, were then unanimously elected hon. secretaries of the Branch.

After some debate it was agreed on the recommendation of the Council to send forward to the Annual Representative Meeting a motion strongly deprecating the use of "block voting" at the A.R.M. in connexion with the appointment of members to the central Council and to standing committees.

Mr. A. M. A. Moore was inducted as President of the Branch for the session 1948–9. He then delivered his President's Address, which was an interesting discourse on "Applied Anatomy of the Foot and Hand." He discussed a number of abnormalities, the true cause of which was often not recognized.

A vote of thanks was accorded to Mr. Moore on the proposition of Dr. Cockshut. The meeting sent a message of regard to Dr. Gregg, President for 1947–8, who was absent owing to indisposition.